

**A DESCRIPTIVE STUDY TO ASSESS THE PROBLEMS
FACED BY WIVES OF ALCOHOLIC DEPENDENTS
ATTENDING IN HOLY CROSS DE-ADDICTION
CENTRE AT A.VELLODU, DINDIGUL.**



Reg No:301332852

**A DISSERTATION SUBMITTED TO THE TAMILNADU
DR.MGR.MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL
FULFILLMENT FOR THE DEGREE OF MASTER OF
SCIENCE IN NURSING
OCTOBER 2015**

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Approved by

EXTERNAL

INTERNAL

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Dindigul.

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Date :

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“When god is with us, no one is against us”

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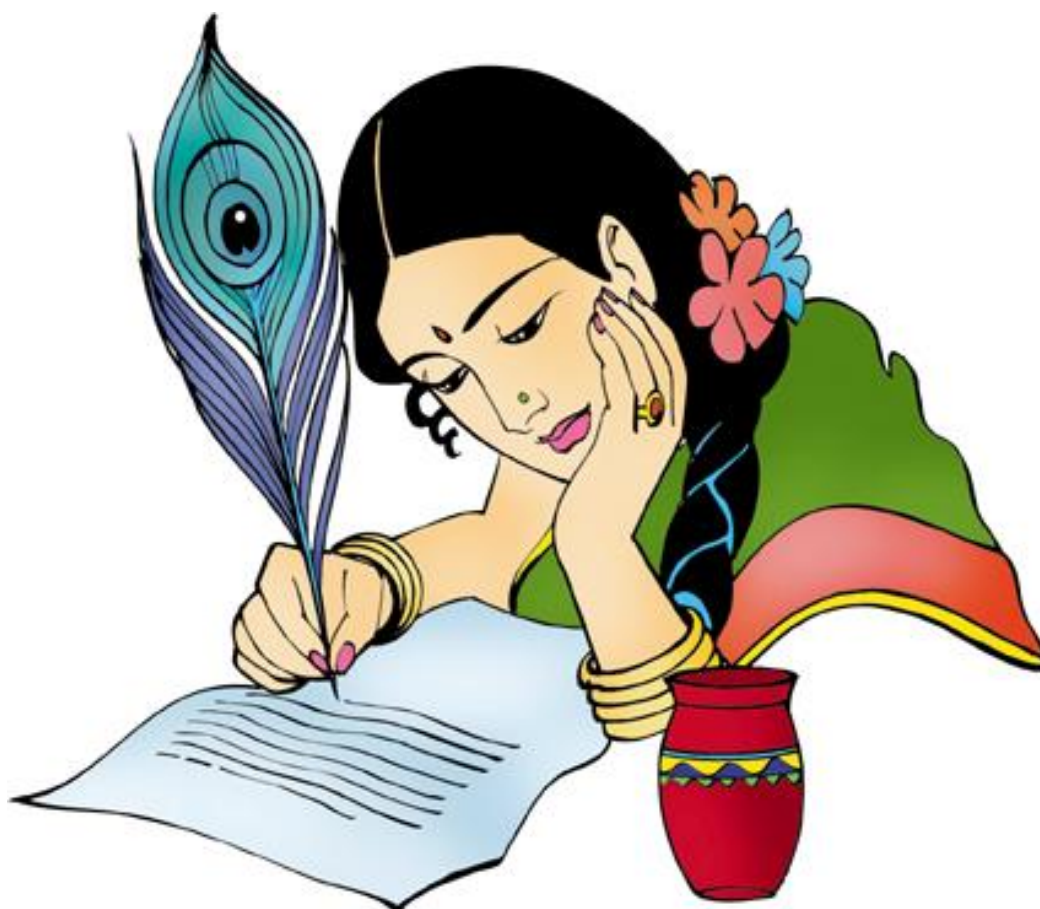
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ABSTRACT

ABSTRACT

Statement of the problem: A Descriptive Study to assess the problems faced by wives of alcoholic dependents attending in Holy cross de-addiction center, at A.Vellodu, Dindigul. **Objectives of the study:** To assess the physiological, psychological, social, economical and educational problems faced by wives of alcoholic dependence, To find out the association between the level of problems faced by wives of alcoholic dependence with demographic variables like age, education occupation, income, and pattern of drinking alcohol, To find the Linear regression between demographic variables with problems faced by wives of alcoholic dependence such as physiological and psychological problems. **Research approach:** quantitative approach. **Setting:** Wives of alcoholic dependents both attending in out patient and in patient department. **Sample:** 80 samples were collected who fulfilled the criteria. **Sampling Technique:** on probability convenient sampling technique was used. **Conceptual frame work:** Modified Health Belief- Fish bone model was adopted. **Method:** self administered questionnaire. **Data collection procedure:** Demographic data was collected through self report. After that assessing problems faced by wives by using the questionnaire. Data was collected for 30 minutes for each participant. Data analysis was done with the help of descriptive and inferential statistics. **Results:** Regarding age, 32 (40%) were between the age group of 21 -30 years, 32 (40%) were between the age group of 31-40 years. 46 (57.5%) were educated up to secondary school. 46 (57.5%) were house wives. Regarding income, 68 (85%) were earning below Rs 5000/month. Regarding pattern of drinking alcohol, 50 (62.5%) were < 1years. In Physiological problems, 18 (22.5%) were facing moderate problems and 62 (77.5%) mild problems. In Psychological problems 5 (6.2%) were facing severe problems and 52 (65. 2%) were facing mild problems. In

Social problems, 2 (2.5%) were facing severe problems, In Economical problems, 41 (51.2%) were facing severe problems and 34 (42.5%) were facing moderate problems. In Educational problems, 27 (33.8%) were facing severe problems. There was no association between problems based by wives of alcoholic and their selected demographic variables except economical problems. **Conclusion:** Due to alcoholics, the worst affected are their wives. Their mental health is socially shakened. Educating the public, individual, group and family therapies and divertional activities, discussion and investigation of public attitudes may result in measurable improvement.



CHAPTER - I

INTRODUCTION

CHAPTER 1

INTRODUCTION

“First the man takes the drink,

Then the drink takes the man”

–Japanese proverb.

BACKGROUND OF THE STUDY

Alcoholism is a significant problem in India. There is a vast body of literature in India and in the West devoted to understanding the marital dynamics involved in alcoholism and ascertaining the deleterious impact that alcoholism could have on the personality and function of spouse.

Alcoholism is chronic progressive and often fatal disease. It is a primary disorder and not a symptom of other disease or emotional problems. The chemistry of alcohol allows it to effect nearly every type of cell in the body, including those in the central nervous system.

When a person drinks alcohol, the alcohol is absorbed by the stomach cell, and then taken to the systemic circulation and goes to all the tissues. The effects of alcohol are dependent on a variety of factors, including a person's size, weight, age, and sex as well as the amount of food and alcohol consumed. The effects of alcohol intake include dizziness and talkativeness; the immediate effect of a larger amount of alcohol includes slurred speech, disturbed sleep, nausea, and vomiting. Alcohol even at low doses may significantly have impaired the judgment and coordination. Low to moderate doses of alcohol can also increase the incidence of variety of aggressive acts, including domestic violence and child abuse.

The impact of alcohol not only disturbs the physical health of an individual it also affect the people who surround him. Alcoholism is linked to disrupted family role, impaired family communication, physical and psychological illness.

The World Health Organization (WHO) estimates that there are about 2 million people worldwide who consume alcoholic beverages and 76.3% million with diagnosable alcohol use disorder (2004). From a public health perspective, the global burden related to alcohol consumption, both in terms of morbidity and mortality, is considerable in most part of the world. Alcohol consumption has health and social consequences via intoxication (drunkenness), alcohol dependence and other biochemical effects of alcohol. In addition to the chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable at are relatively young age, resulting in the loss of many years of life due to death or disability. There is increasing evidence that besides volume of alcohol, the pattern of alcohol consumption can cause more than 60 types of disease and injury.

According to National Institute on Drug Abuse about 81% of people in the United States are under the age 12 and older have used alcohol sometimes in their lives [Johnson et al 2003]. Among 8th graders 50% have had at least one time drink of alcohol, 20% report has been drunk, 17% describe their alcohol use as “heavy”, 41% have smoked cigarettes and 20% have used marijuana. Among 12th graders 50% had consumed alcohol for the past 30 days, 30% reported drinking on tour or more on occasions during the past month and about 6% reported heavy alcohol consumption.

The prevalence of alcohol use is still considerable in India according to the studies done across the country. In India, the different drug abuse surveys have shown the prevalence of alcoholism as 5% to 20%. There are more than 100 million users of alcohol in the United States, out of this 2-15 million experience episodes of absolute use of alcohol and are labeled alcoholics. However, patterns of consumption vary. Punjab, Andhra Pradesh, Goa and the north- eastern states have a much higher proportion of alcohol consumption.

Alcohol dependence has been showing a rising trend all over the world. Alcohol dependence is a complex behaviour with far reaching harmful effects on the family, work, society as well as the physical and mental health of the individual.

The WHO Global status reported on alcohol a study on spouses and family members of people with alcohol dependence. In interviews with 45 Al-Anon members

in Mexico (82% of them, the wife of a husband who was alcohol depended) 73% reported feelings of anxiety, fear and depression. 62% reported physical or verbal aggression by the spouse towards the family and 31% reported family disintegration with serious problems involving money and the children.

Alcohol use and the problems associated with it are on the increase in India which has the second largest population in the world with 33% of the population consuming alcohol

NEED FOR THE STUDY

“More men drowned in glass than in sea”.

(freedman, Kaplan)

Family is a more or less durable association of husband and wife with or without children. Alcohol abuse is one of the major factor contributing to instability. There is a lack of mutual trust.

Alcoholism puts strains on marriage. Long-term alcohol abuse can have dangerous physical and emotional effects. Alcoholism can also put financial strains on marriage. The money being spent on alcohol may cause problems and the strains among alcoholic wives.

These are the obvious marital problems alcoholism causes, but there are many other issues that are faced by the women who are the wives of alcoholics. For example, some women may blame themselves for their husband drinking. They may worry they haven't done enough to make their husbands happy or that something they've done (or didn't do) led to their husbands' drinking. These feeling of guilt may cause wives to feel stressed, anxious, or depressed. Other people may also blame a wife for her husband's drinking, which feeds into the feelings of guilt her already has.

The World Health Organization estimated that there are about 2 billion people worldwide who consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorder. The global burden related to alcohol consumption both in term of morbidity and mortality is considerable in most part of the world. Alcohol consumption has health and social consequences via intoxication, alcohol dependence and other biochemical effect of alcohol.

In India 62.5 million peoples were estimated to be alcohol users with per capita consumption of alcohol had increased by 106.7% over the fifteen year period from 1970 to 1996. The sale of alcohol in India has been steadily growing at 6% and is estimated to grow at the rate of 8% per year. During the last few decades the mean age of initiation of alcohol use has decreased from 23.6 years to 19.45 years indicating that peoples are drinking alcohol at an earlier age than previously.

About three million alcoholic or one in 25 who consumed alcohol and became severely addicted. In 1999 Government of India's ministry of social justice and empowerment & the UNDCP South Asia regional office began a two year survey on the extended pattern and magnitude of drug abuse in India. Survey showed that drug users were predominantly young and male.

In India about 4% males and 0.6% females were found to be alcohol dependents. The incidence rate was found to be 15.1% in Mumbai, 14.3% in Bangalore, 12.2% in Delhi and 9.5% in Chennai.

A report on 'study of alcohol dependent person' submitted to Health Risk Force of TamilNadu shows the social cost of alcoholics in the state. The study explained the following emerging findings.

- Individual spends more than they earn.
- Most people take loan to support their habit.
- An average of 12.2 working days were lost.
- 18% lost their job in one year.
- 59.4% families were supported by income from other family members.
- 9.7% sent their children under 15 years to work to supplement family income.

Janet geringer woititz (2012), conducted a study on 'the impact of partner alcohol problems on women's physical and mental health' examined the association between partner alcohol problems and selected physical and mental health outcomes among married or cohabiting women, before and after adjusting for potential confounders, and to compare these associations with those reflecting the impact of the women's own alcohol-use disorders (AUDs). They concluded that Partner alcohol problems pose diverse health threats for women that go beyond their well-documented association with domestic violence. Mood, anxiety, stress, general health, and quality-of-life problems should be addressed by groups that provide couples' treatment or counseling to female partners of alcoholics.

An epidemiological survey was conducted by the Department of Psychiatry, Govt. Medical College and Hospital, Chandigarh to estimate the pattern of alcohol and other substance dependence in rural and slum dwellers population of Chandigarh. In this

survey 6.88% individuals of the total population surveyed (2992) fulfilled dependence criteria of ICD-10. Alcohol was the primary substance of dependence for majority of urban slum substance users and rural areas users. Age at first drug use was 20.89 ± 5.31 years (mean \pm S.D) among rural population and 19.75 ± 5.4 years (mean \pm SD) in urban slums. Majority of them reported having health related complications (85.71%) followed by family problems (77.31%) due to drug dependence. This survey reflects the need to intensify efforts at the community level to reach the unreached

The national family survey (2010) results indicate that among the Indian population 17% of men and 2% of women aged 15 and above are consuming alcohol. Statistics regarding the gross sales of alcohol and related substances shows that Punjab stands first in the per capita consumption which comes to 11.5 liters. As the years go by, alcohol consumption is also building up. In 2008-09 rupees 3974.14 crores worth alcohol was sold, which rose to 4376.24 crores in 2009-10 and 4776.80 crores during 2010-11. And this rate will increase in the coming years also.

The problem of alcoholism until a few decades was considered a moral problem and a sign of social irresponsibility. In the last 30 to 40 years, alcohol consumption has increased tremendously. Approximately 65% of Americans of age 18 and older consume alcohol and approximately 5.2% are alcohol dependent, 8% are problem drinkers, and 9.4% are risk drinkers. The per capita availability of beverage alcohol i.e. the amount of alcoholic beverages which is available for consumption to the adult (older than 15 years) male population of Karnataka has risen from 2.96 bulk litres of absolute alcohol per person per year in 1988-89 to 6.35 bulk litres of absolute alcohol per person per year in 1998-99. While the population of consumers appears to have gone up from 40.31 lakh individuals to 46.92 lakh individuals from 1988-98 (risk of 14.1%) the per capita consumption by alcohol users in the state during the same 10 years period appears to have increased from 9.9 litres of absolute alcohol equivalent per person per year to 21.2 litres of alcohol per person per year.

The investigator has observed the suffering of wives of alcoholics attending Holy Cross de-addiction centre, Dindigul with empathy. But all the health care professionals are focusing only on alcoholic and the actual sufferers are family members, especially wives who is accessible to alcohol husband. As an investigator

felt the need to assess how extent they are suffering. So investigator planned to assess the problems faced by wives of alcoholic dependents.

STATEMENT OF THE PROBLEM

A descriptive study to assess the problems faced by wives of alcoholic dependents attending in Holy Cross de-addiction center at A.Vellodu, Dindigul.

OBJECTIVES OF THE STUDY

1. To assess the physiological, psychological, social, economical and educational problems faced by wives of alcoholic dependents.
2. To find out the association between the problems faced by wives of alcoholic dependence with demographic variables like age, education, occupation, income and duration of drinking alcohol.
3. To find out the Linear regression on the demographic variables with problems faced by wives of alcoholic dependence like physiological and psychological problems.

HYPOTHESES

1. There is significant association between the physiological problems with selected variables such as age, education, occupation, income and pattern of drinking alcohol.
2. There is significant association between the psychological problems with selected variables such as age, education, occupation, income and pattern of drinking alcohol.
3. There is significant association between the social problems with selected variables such as age, education, occupation, income and pattern of drinking alcohol.
4. There is significant association between the economical problems with selected variables such as age, education, occupation, income and pattern of drinking alcohol.

5. There is significant association between the educational problems with selected variables such as age, education, occupation, income and pattern of drinking alcohol.

OPERATIONAL DEFINITIONS

1. Problems

In this study, it refers to physical, psychosocial, economical and educational problems faced by wives of alcoholic dependents.

2 Physical problems

In this study, it refers to the beating, biting etc problems such experienced by the wives of alcoholic dependents.

3 Psycho-social problems

In this study, it refers to psychosocial problems faced by wives of alcoholic dependents such as lowered self esteem, stressful home environment, depression, heavy burden, verbal abuse, strained interpersonal relationships, inadequate social support, increased insecurity feeling and conflicts in the family.

4 Economic problems

In this study, it refers to scarcity and insufficient resources are available to satisfy the needs and desires for wives of alcoholic dependents.

5. Wives of alcoholics

In this study, it refers to wives of alcoholic dependents refer to the women married to the individual who is alcoholic dependent and still living with her husband.

6. Alcoholic dependents

It refers to,

1. One who frequently drinks and gets intoxicated,

2. One who may or may not physically and verbally abuse the wives and children,
3. One who may or may not give attention to the wives and children in meeting their needs, and one who is alcoholic dependent for which they receive treatment and rehabilitation in the de-addiction centre.

ASSUMPTIONS

1. Spouses of alcoholics experiences more psychological distress compared to non- alcoholics.
2. Spouses of alcoholics have diminished social support than non-alcoholics.
3. Majority of wives whose husbands are alcoholic will perceive poor quality of marital life.
4. The spouses of alcoholics may respond honestly, regarding the domestic violence, marital relationship, psychological distress and perceived social support.

DELIMITATIONS

1. The results are the generalized tools for wives of alcoholic dependents.
2. Available period of data collection is about 4 weeks.
3. The researcher's spent lot of time in establishing rapport with respondents.



CHAPTER – II

REVIEW OF LITERATURE

CONCEPTUAL FRAME

WORK

CHAPTER II

PART – A REVIEW OF LITERATURE

Review of literature is defined as broad, comprehensive in depth systematic and critical review of scholarly publication, unpublished scholarly print materials, audiovisual materials and personal communications. Review of literature is a key step in research process. Review of literature refers to an extensive, exhaustive and systemic examination of publication relevant to research project. One of the most satisfying aspects of the literature review is the contribution it makes to the new knowledge, insight and general scholarship of the researchers.

Review of literature consists of 5 parts.

PART I: Literature review related to problems faced by wives of Alcoholics

PART II: Literature review related to psychological problems faced by wives of alcoholics

PART III: Literature review related to social problems faced by wives of alcoholics

PART IV: Literature review related to physiological problems faced by wives of alcoholics

PART V: Literature review related to economical problems faced by wives of alcoholics

PART I: LITERATURE RELATED TO PROBLEMS FACED BY WIVES OF ALCOHOL

Lakshmana Govindappa, B.Pankajakshi (2014) conducted a community study on violence among wives of alcoholics. The objectives of the study were to study the socio demographic details and different kinds of violence among wives of alcoholics. The study was followed by Descriptive Design and the sample size was 50. Sampling Technique used was cluster sampling. The mean age of the respondents were 33.4 years, majority of the respondents (92%) were educated upto 10th standard, 74% were house wives, 88% were currently living with husband and children, 90% were belongs to nuclear family, the mean marital years of respondents was 12.9 years 36% of the respondents belong 31-40 years. Violence experienced by the respondents show that 88%, 92%, 86% and 74% has moderate level of physical, emotional, intellectual and economic violence respectively.

Alok Tyagi, Shubham Mehta (2013) conducted a study on impact of partner's alcohol consumption on spouse. Alcohol abuse by the husband contributes to poor physical and mental health in the spouse. The aim of the study was to identify the correlation between alcohol consumption in husbands and depression and suicidal ideation, in their wives. Thirty patients who were wives of persons dependent on alcohol were assessed using PHQ-9 for depression and MSSSI for suicidal ideation. The husband's alcohol consumption was graded using the AUDIT scale. The mean age of the sample was 30.67 years (SD 8.125). Majority of the sample were housewives (66.7%), of the Hindu religion (83.3%), had received at least primary education and were living in a nuclear family (53.3%). Mean duration of alcohol consumption in the husbands was 9.60 years (SD 2.79). Among the alcohol users the mean AUDIT score was 11.47 ± 4.05 . The mean PHQ-9 score among the wives was 4.87 ± 5.49 . We found significant positive correlation between alcohol consumption in husbands and depressive symptoms and suicidal ideation in their wives.

Ms. Manpreet Kaur, BSC (2010) done a study to evaluate three different intervention programme for spouses of alcoholics. A sample of 39 spouses of alcoholics (36 women and 3 men) with an average age of 47 years (ranging from 23 to 60 years) was randomly assigned to one of the three interventions: Coping Skills

Training, Group Support, and Information. Follow-up interviews were conducted 12 and 24 months after completing the programme. Coping Behavior Scale, Symptom Checklist 90 (SCL-90), Hardship Scale and audit at admission and at follow-up were compared. 38 of the 39 spouses completed the 24-month follow-up examination; the study was concluded that Improvements of coping behaviour, psychiatric symptoms and hardship noted at the 12-month follow-up examination were still evident in all groups at the 24-month follow-up examination. The three groups scored similarly at 24 months on the four scales.

Avila Escribano and Ledesma Jimeno (2010) conducted a study to assess the coping behaviors of wives of alcoholic. Study was conducted on 30 wives of alcoholics using or ford – Guthrie’s ‘Coping with drinking’ questionnaire. The commonest coping behaviour reported was discard, avoidance, indulgence and fearful withdrawal while marital breakdown, taking special action, assertion and sexual withdrawal were least frequent. There was no significant correlation between the coping behaviors and the variables like duration of marriage, duration of husband’s alcoholism, socio- economic and educational status. Study was concluded that the husband’s personality causes the alcoholic which in turn causes the coping behaviour of wife.

Natera, G. et al (2008) conducted a study to assess marital interaction in alcoholic and non alcoholic couples. The authors examined problem-solving marital interactions of alcoholic and non alcoholic couples ($N = 132$). Four alcoholic groups (husband alcoholic with antisocial personality disorder or not, paired with alcoholic or non alcoholic wives) were compared with each other and with both spouses non alcoholic group. Consistent with the alcoholic subtype’s hypothesis, couples with an antisocial alcoholic husband had higher levels of hostile behaviour regardless of wives alcoholism status. In contrast, rates of positive behaviours and the ratio of positive to negative behaviours were greatest among couples in which either both or neither of the spouses had alcoholic diagnoses and were lowest among alcoholic husbands with non alcoholic wives. Discussion focuses on possible mechanisms linking antisocial alcoholism and discrepant alcoholic diagnoses to poorer marital outcomes.

Grubi, et al, (2008) reported a study on ‘stress reaction tradition’ among wives of alcoholics. Sample was 85 wives were asked 25 questions concerning their method of coping during 4 stages of their husband’s drinking stages were social stage, excessive drinking stage, alcoholism drinking stage and abstinence stage. The wives reported a progressive increase in all types of coping from first to third of this stages, he also noted that wives who reported that their husband’s had become violent and aggressive were those who were most likely to report that they themselves had reacted with quarreling, avoidance, anger and helplessness, pretending to be drunk themselves. Walking the husband out of the house and seeking a separation. The study concluded clearly the wives cope in response to the intensity or frequency of the alcoholic episode.

Jackson (2000) done a study to assess the Alcohol Use, Alcohol Problems, and Depressive Symptomatology among newly married couples. A sample of Couples (N = 634) were assessed by using Multilevel models to analyze the association between one spouse’s alcohol involvement and alcohol problems and his/her partner’s depressive Symptomatology over time, and the study concluded that Both husbands and wives marital alcohol problems were associated with wives depressive symptoms. Neither spouse’s alcohol consumption was associated with wives depressive symptoms. Husband’s marriage-related alcohol problems and frequency of heavy drinking were related to husband’s depressive symptoms; however, wives alcohol problems and alcohol use were unrelated to husband’s depression.

PART II: LITERATURE RELATED TO PSYCHOLOGICAL PROBLEMS FACED BY WIVES OF ALCOHOLICS

Ajitha Lis A1, Neelakshi G et al (2014) conducted a study on to assess the effectiveness of emotional freedom technique on anxiety among wives of alcoholics in a selected village at Thiruvallur district. *Background:* The wives of alcoholics suffer a lot due to their alcoholic husband resulting in anxiety, so they need interventions. *Design used:* Pre experimental one group pretest and posttest design. *Methodology:* The study was conducted at Anaikattucheri village, Thiruvallur district. The samples were wives of alcoholics residing at Anaikattucheri village, Thiruvallur district, who fulfilled the inclusion criteria. Using purposive sampling technique, 30

samples were selected. *Findings:* There was a statistically significant difference in the level of anxiety with a paired 't' value of 6.675 at $p < 0.001$ in the posttest. There was a statistically significant association existing between the level of anxiety and the demographic variables in the posttest such as type of family, monthly income of the family and kind of abuse, husband's education, occupation, amount of money spent daily for drinking and income at $p < 0.05$ respectively. *Conclusion:* Thus the study concludes that practising Emotional freedom technique reduces anxiety and thereby enhances the quality of life among wives of alcoholics.

Savita, Sulekha, Swati Dadwal et al (2014) conducted a study on Level of stress among spouses of Alcoholic men. The research approach used was quantitative non experimental descriptive survey, study setting was conducted in community Ranipokhri Dehradun, population was the spouses of alcoholic dependents, purposive sampling technique was used to choose the participant. Tool used was modified in four point Likert scale to assess the stress level among spouses of alcoholic men. Pilot study was conducted from 10% of entire population. Data collection process was done in the period of two days, whole research process was started with identifying subject participant permission was obtained from principal, purpose was explained to subject participants and consent were taken and administrated tools to 50 subject participant for data collection then proceeded for data analysis. Overall data was organized with the help of table and graphical presentation. The Demographic variables of fifty spouses were administrate the tool section one & two Where in section one the majority 38 (66%) participants aged between 21 – 40years and less majority 2 (4%) were found in 51 – 60years, and maximum duration of marriage 24 (48%) was between 0 to 10 years and less is 1 (2%), maximum 32 (64%) husband was found to be occasional drinker and all 50 (100%). The families were belonged to Hindu religion. Maximum education of husband was high school 17 (34%) and less is post graduate 1(2%). Whereas maximum education of wives was primary school 12(24%) and less was found 8(16%). Majority participants 48(96%) had arranged marriage and less was (2) 4% was love marriage, whereas majority participants were living in nuclear family that is 30 (60%) and less participants 20 (40%) were in joint family whereas, Section 2 findings were analyzed as per the objectives of the study.

K. R. Ramya , Lisa Paul (2013) conducted a study on Psychosocial Problems of Wives of Alcoholics. The wives of alcoholics suffer a lot with their alcoholic husband resulting in various problems in wife. In this context we attempted to identify and measure the psychosocial problems of wives of alcoholics. It was conducted using a quantitative, descriptive survey method; data were collected from wives of alcoholics' selected using convenient sampling admitted in selected hospital using a demographic data sheet, a four point rating scale containing 16 items to assess psychosocial problems of wives. Findings revealed that majority of subjects belonged to the age group of >40 years (60%), educated till 10th standard (83.3%), were unemployed, (63.3%) family income < Rs.1500/month (56.8%), belonged to Hindu religion (56.8%), duration of alcoholism for >16 years (60%). Majority of wives of alcoholics had severe psychological (33.3%) and social (46.4%) problems. Knowledge gained from this study can be utilized to provide awareness about managing their partner's unhealthy habit and coping strategies.

K. Parthasarathy (2013) conducted a study on Psychosocial Problems of the Wives of Alcoholics. This study was undertaken with a view to understand the sociodemographic characteristics of the respondents and to study about their self-esteem, quality of life and family adjustment. The present study was conducted in slum areas of Tiruchirappalli District in Tamilnadu such as Khaja patti, Khaja Nagar, Bells Ground Ananagar, MGR Nagar and sathiya moorthy Nagar. For this study the researchers selected 22 respondents from each slum areas (n=110) through snow ball sampling method. The data on the subject were collected with the help of structured interview schedule prepared by researchers. The study was descriptive in nature. The study has revealed that majority (51.8 percent) of the respondents have had high level of self esteem, 43.6 % of the respondents have had low level of quality of life and a sizeable (81.8 %) of the respondents have had high level of self adjustment, family adjustment, adjustment with husband and children. The wide range of intervention techniques both supportive and reflective in nature such as catharsis, insight development and psycho-education could be used by social workers for motivating, enabling them to deal with denial, enhancing their self esteem, improving the quality of life and reducing their adjustmental problems with family members.

D. Nirmala, R.K.R. Esther, Amutha (2008) conducted a study on Anxiety experienced by the wives of alcoholics. This study was carried out at the De-addiction centre, Khajamalai Ladies Association, Trichy. Descriptive research design was used. By applying simple random sampling data was collected from 100 respondents. To measure the level of anxiety of the respondents, Taylor's Manifest Anxiety scale (Revised 1935) was administered. (65%) of the respondents experienced low level of anxiety and (35%) experienced high level of anxiety. There is a positive correlation between the economic condition and the level of anxiety experienced by the respondents. The study revealed that more than one third of the respondents experienced high level of anxiety.

Margret Bailey in the USA (2007) showed that the proportions of women who had scores indicating at least a moderate degree of psychological disturbance were 66% for wives still living with drinking alcoholic husbands, 43 % where the formerly alcoholic husbands were now abstinent, and roughly 3.3% for control women in Manhattan. She also found that the time, which had elapsed since the wife had been living with a drinking alcoholic, was related to level of disturbance.

Jackson (2002) describes the stages of adjusting to the alcoholic husband. Early in the marriage there may be an occasional overstepping of bounds with heavy drinking. As the frequency of such occurrence increases, the wife begins to feel humiliated and ashamed. She curtails their social life and is under the impression that she has somehow failed in her marriage. There is hostility, frustration, fighting and threats of leaving. The wife reacts to the alcoholic's violence by crying in tenor, retaliating or calling the police.

PART III: LITERATURE RELATED TO SOCIAL PROBLEMS FACED BY WIVES OF ALCOHOLICS

Arindam Kanta Banerjee et al (2015) conducted a study on psycho-social problems and coping of women with alcoholic spouses in rural Malwa area, dist. Ludhiana, Punjab – a pilot study present study was conducted to assess the psychosocial problems and coping of women with alcoholic spouse, in village Gahour, 56 kms from Raikot city in dist. Ludhiana. The objectives of this study were

: 1. To assess the psychosocial problem of women with alcoholic spouse 2. To assess the coping of women with alcoholic spouse 3. To find the relationship between the psychosocial problem and coping of women with alcoholic spouse 4. To find the relationship of psychosocial problems with the selected variables. i.e. age, education, family income per month, occupation, type of family, duration of addiction of spouse, religion, duration of marriage, number of children 5. To find the relationship of coping with selected variables. i.e. age, education, family income per month, occupation, type of family, duration of addiction of spouse, religion, duration of marriage, number of children. The conceptual framework is based on Roy's adaptation model. An exploratory approach and non experimental research design was used for the study. Purposive sampling technique was used and 60 women with alcoholic husbands were interviewed. The independent variables were age, education, family income per month, occupation, type of family, duration of addiction of spouse, religion, duration of marriage and number of children. The dependent variables were psychosocial problem and coping of women with alcoholic spouse. The study found that majority of women had physiological problems [13.13%] followed by psychological problems [12.79%] and psycho-social problems [7.40%]. While 6.6% women had financial problems, only 3.92% stated that they have sexual problems. 71.1% women had adoptive and 28.3% showed mal-adoptive coping. Age, education, vocation, economic status, family type, religion, duration of marriage, duration of addiction and number of children had no Impact on psycho-social problems. Among these variables, only age and duration of addiction had impacted coping strategy of women.

Ramneek Kaur, B.Sc (N) (2010) conducted a study to assess the ways of coping among the wives of alcoholics who were staying with their husbands during de-addiction treatment. Convenience sampling was done to select 200 wives of alcoholics Majority of the wives of alcoholics used positive reappraisal 83.5%, painful problem solving coping 82.5%, escaping avoidance 74.5%, accepting responsibility 72%, confrontive coping 68.5%, self controlling 64%, and seeking social support coping moderately 58.5% to cope up with the stressful situations; 45% and 53.5% of them used distancing coping moderately and minimally respectively. it reported that discord, avoidance, assertion, fearful withdrawal and marital breakdown

were most frequently used coping patterns among the wives of alcoholics at National Institute of Mental Health & Allied Sciences, Bangalore.

S. Revathi(2009) conducted a study on How Women Cope with Alcoholic Husbands. The objectives of this study were (i) to assess the ways of coping among the wives of alcoholics, and (ii) to determine the association between the ways of coping and background variables. A cross sectional, descriptive design was used to assess the ways of coping among the wives of alcoholics who were staying with their husbands during de-addiction treatment. Convenience sampling was done to select 200 wives of alcoholics (WOA) from the two de-addiction centres. Coping among the WOAs was measured by ways of coping questionnaire, a 66-item scale (Folkman & Lazarus, 1988). This instrument measures the thoughts and actions used by the WOA to cope with stressful encounters of everyday living. Items were rated on a 4-point frequency scale as: Does not apply (0), Used somewhat (1), Used quite a bit (2), Used a great deal (3). The maximum score was 198. Ways of coping questionnaire consisted of eight subscales, which includes confrontive coping, distancing, self controlling, seeking social support, accepting responsibility, escape - avoidance, planful problem solving and positive reappraisal. Reliability was established by split half reliability method and Cronbach alpha coefficient for the overall coping scale was 0.72. Descriptive and inferential statistics were used to analyse the data. The independent 't' test and analysis of variance were used to assess the association between the mean scores of coping and the background variables of WOA. The first objective of the study was to assess the ways of coping among the WOAs. This study showed that all eight ways of coping were used by the WOA. Majority of the wives of alcoholics used positive reappraisal (83.5%), planful problem solving coping (82.5%), escaping avoidance (74.5%), accepting responsibility (72%), confrontive coping (68.5%), self controlling (64%), and seeking social support coping moderately (58.5%) to cope up with the stressful situations; 45% and 53.5% of them used distancing coping moderately and minimally respectively. The second objective of the study was to associate the ways of coping with the background variables of the WOA. The study revealed that there were significant associations between mean coping score and the wives' religion, husbands' education, total family income and husbands' age at marriage. The mean coping score was high among the wives of Christian religion than the wives of Hindu and Muslim religion. The mean coping score was

high among the wives with illiterate husbands and with lower total family income. The coping score was high among the wives with out to determine the effectiveness of counseling on adaptive ways of coping among the wives of alcoholics.

Revathi. E (2005) conducted a case control study to assess the psychological distress, social burden and coping between wives of alcoholics and non alcoholics. The study reveals that majority of wives experienced mild to severe psychological distress and social burden than wives of non alcoholics. The most common coping style used by the wives is discord and avoidance and the least common coping behaviour is competition and sexual withdrawal.

Rosamma Varghese (2002) conducted a study regarding the psychological distress, social disability and coping among the wives of alcoholics. Her result shows that most subjects (80%) were moderately distressed and 80% were suffered mild degree of overall disability. A great percentage of the respondents reported severe social disability in the domains of self care, occupation, social relation and overall disability while many has moderate disability in the areas such as family, citizen, partner and social relations, some suffered mild disability in the parent and kinship domains. The most frequently used coping patterns were discord, avoidance, assertion, fearful withdrawal and marital breakdown. Anti-drink and taking special action adopted as moderately. Respondent engaged in competition, indulgence and sexual withdrawal less frequently.

PART IV: LITERATURE RELATED TO PHYSIOLOGICAL PROBLEMS FACED BY WIVES OF ALCOHOLICS

P.S. Manohar and R. Kannappan (2010) conducted a study on Domestic Violence and Suicidal Risk in the Wives of Alcoholics and Non-alcoholics Women experience some form of domestic violence in their life time. Specifically the wives of alcoholics experience manifolds of physical, psychological and sexual threats and consequently they develop depression, guilt, tension, fear, loss of trust, low self esteem and high suicide risk. The purpose of the study was to assess objectively domestic violence and suicide risk of the wives of alcoholics and nonalcoholics. Retrospective design was used to measure domestic violence and suicide risk of the wives of alcoholics and non-alcoholics by using suitable psychological scales. 32

wives of alcoholic patients and thirty two non-alcoholics (normal subjects) were selected for this study. Domestic violence and suicide risk scales were administered to the patients and accompanying persons of other psychiatric disorders and demographic variables such as age, religion, income, education, and occupation were collected from the patients. Percentage, mean, standard deviation and t-test were used for analyzing and interpreting the obtained data. Majority of the wives of alcoholics and wives of nonalcoholics belonged to the age group of 22-32 years (65.60%) and (78.10%), followed by the age group of 33- 43 years (34.40% and 21.90%), respectively and belonged to Hindu religion (81.20%) and (80.00%), followed by Muslims (14.30%) and (8.60%) respectively. Majority of the wives of alcoholics and nonalcoholics had the education above 5th standard (43.80%) and 8th standard (31.30%) and their income of Rs. < 3000 (46.90%) and (37.10%) respectively and majority of the groups had occupation of weaver (37.50%) and (50%) and had 3 children (40.60%) and Mean and standard deviation were calculated for the two groups of the wives of alcoholics and non-alcoholics. t- test was applied to determine the significance difference between the groups. The mean and standard deviation of wives of alcoholics and non- alcoholics were (10.16 ± 4.34) & (7.03 ± 3.17) in physical abuse, (4.80 ± 2.17) & (4.91 ± 1.80) in sexual abuse (23.06 ± 5.15) & (16.28 ± 4.20) in psychological abuse respectively. The wives of alcoholics had more domestic violence in physical abuse, and psychological abuse and more suicidal risk than the wives of non alcoholics.

Gmel & Rehm, (2003) conducted regarding partner violence, research evidence indicates that it is more strongly associated with heavy drinking, whether usual or occasional, than is non-partner violence, and conflicts as to whether drinking by the victim makes violent acts by a partner more likely. That alcohol consumption has a stronger association with partner violence than with non partner violence may be a matter of access, with partners having more contact and thus more opportunities for violent encounters. Studies also report an association between drinking patterns and intimate partner violence; excessive drinkers and alcohol-dependent individuals are more likely to act violently toward their intimate partners.

Koenig et al., (2003). reported a 2000–2001 survey of 5109 women of reproductive age in the Rakai district of Uganda, it was found that the strength of the association between alcohol consumption and domestic violence was particularly noteworthy. Women whose partner frequently or always consumed alcohol before having sex faced risks of domestic violence almost five times higher than those whose partners never drank before having sex. Of women who recently experienced domestic violence, 52% reported that their partner had consumed alcohol and 27% reported that their WHO Global Status Report on Alcohol 2004 64 partners had frequently consumed alcohol. This finding supports the conclusion that alcohol may play a direct precipitating role for domestic violence.

Tuesca & Borda, (2003) reported a study of 180 women seeking prenatal care in rural South India, it was found that 20% of the women reported domestic violence and 94.5% of these women identified their husbands as the aggressors. Husband's alcohol use was a significant risk factor for domestic violence. The role of alcohol in domestic violence is also cited in another Indian study which found that 33% of spouse-abusing husbands were using alcohol. Of these 15% were occasional, 45% frequent and about 40% were daily users of alcohol. More than half of the spousal abuse took place during the period of intoxication.

Dhital et al. (2001) conducted a large-scale study covering about 2400 households in 16 of Nepal's 70 districts, the adult respondents perceived the impact of family members use of alcohol and drugs on children as violence and physical abuse (33.4%), neglect and mental abuse (28.5%), deprivation from education (20.2%) and push factor for children to use intoxicants (11.1%), malnutrition and running away from home. 35.9% of children interviewed felt that there was an impact of parental drinking on the family. The impact included domestic violence (40%), loss of wealth and indebtedness (27.8%), loss of social prestige and bad relationship with neighbours.

PART V: LITERATURE RELATED TO ECONOMICAL PROBLEMS FACED BY WIVES OF ALCOHOLICS

Saxena, Sharma & Maulik (2003) conducted a study in 1997, comparing two groups of families within the same community in Delhi, India (Group A having at least one adult consuming alcoholic drinks at least three times per week in the last month and Group B having no adult consuming more than one drink in the last month), it was found that Group A, on an average, spent almost 14 times more on alcohol per month compared with Group B. A larger proportion of families in Group A had significant debt compared with Group B. The implications of this are towards fewer financial resources for food and education of children and fewer resources for purchasing daily living consumables. The more heavily drinking Group A was more likely to report major illnesses or injuries during the past one year and was more likely to require medical treatment.

Assunta (2001–2002) reported a study on alcohol is a major factor in exacerbating poverty. In a month a rural labourer can spend about RM 300 (US\$ 80) on alcohol which is about how much he earns. The alcohol menace ruins families and contributes to the breakdown of the basic social fabric of society. Often it is the women who bear the brunt of this problem – wife battery, discord in the home, abused and deprived children, non-working or chronically ill husbands who become a burden to both the family and society. Besides loss in family income, the burden on the family is worsened when the drinker falls ill, cannot work and requires medical attention.

PART –B CONCEPTUAL FRAMEWORK

Conceptual framework deals with obstruction that is assembled by virtue of their relevance to a common theme. Conceptual framework broadly presents an understanding of the phenomenon of interest and reflects the assumption and physiological view of the model designs.

A Conceptual map includes all of the major concepts in a theory or framework. Conceptual framework for this study is based on the Health belief model. This is the most popular among the models for health education.

Rosen stocks and Becker 1975 belief model is a way of understanding the problems faced by wives of alcoholic dependents.

The framework of the study is adopted from the fish bone diagram (cause and effect diagram 1992) and health belief model. The Fish bone diagram has developed by a group of individual from the member of a quality assurance forum. Health Belief Model was proposed by Rosen stocks (1974) and Becker and Main man (1975).

It addresses the relationship between a person's belief and behave, it consist of 3 components.

- Individual perceptions
- Modifiable factors
- Likelihood of action

The present study aims to assess the problems faced by wives of alcoholic dependents attending Holy Cross de-addiction centre, Dindigul.

INDIVIDUAL PERCEPTIONS

It refers to the individual perception of susceptibility of inners they are demographic variables which given the thoughts, feelings and values of the wives of alcoholic dependents. They are expressed in the age, education, occupation, income, and duration of drinking alcohol. These variables are represented as tail of the fish.

MODIFIABLE FACTOR

Controllable and uncontrollable events on the circumstances which can be altered (or) not predicted to reduce the problems faced by the wives of alcoholic dependents and have been classified under two headings and these elements become the body of the fish.

LIKELIHOOD OF ACTION

The belief of being able to successfully execute the required behavior to produce the desired outcome is likelihood of action. In this current study, the detailed analysis from the questionnaire will help in the formation or in the development of a module to educate the awareness regarding prevention of alcohol dependency.

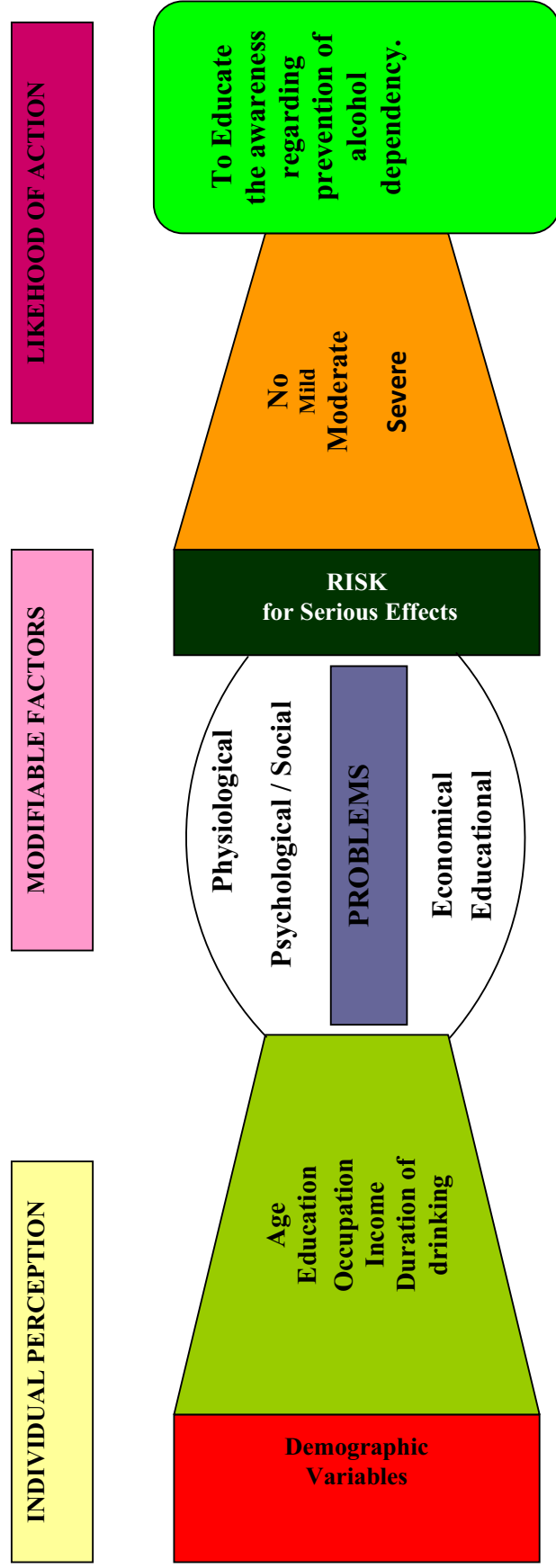


Fig - 1
Adopted from fish bone diagram cause effective diagram lastenda, C. Decision making and health belief model.



CHAPTER – III

RESEARCH

METHODOLOGY

CHAPTER - III

RESEARCH METHODOLOGY

Methodology is the most important phase of the study. The methodology of research indicates the general pattern of organizing the procedures for gathering valid and reliable data for investigation. This chapter provides a brief description of method adopted by the investigator in this study. This includes the research approach, research design, variables, setting of the study, population, sample, and sample size, sampling technique, criteria for sample selection, description of the tool, pilot study, data collection procedure, plan for data analysis and protection of human rights.

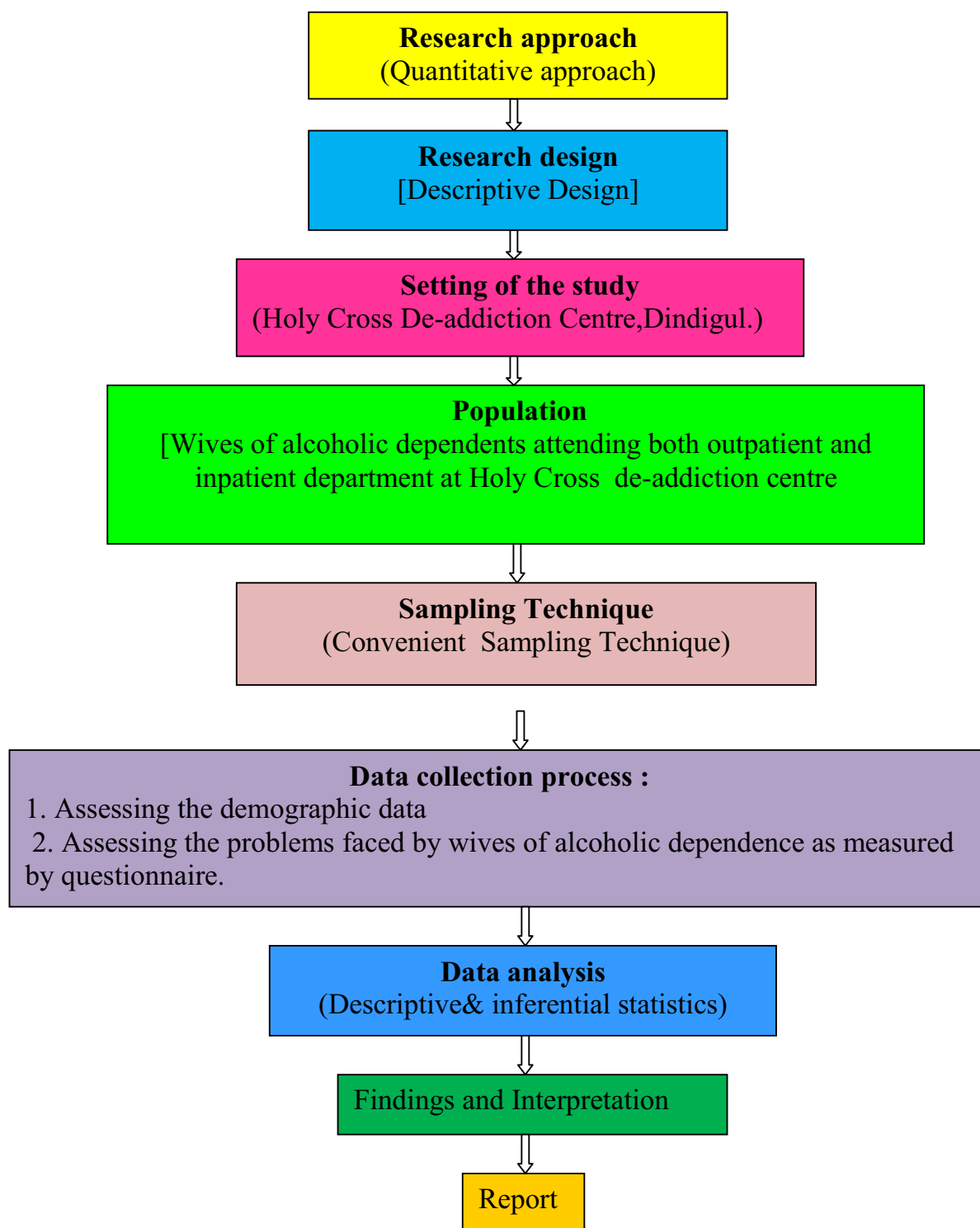
RESEARCH APPROACH

The research approach used for this study was quantitative approach. This study used to assess the problems faced by wives of alcoholic dependents attending in Holy Cross de-addiction centre at A.Vellodu, Dindigul.

RESEARCH DESIGN

The research design selected for this study was Descriptive design. This study used to assess the problems faced by wives of alcoholic dependents attending in Holy Cross de-addiction centre at A.Vellodu, Dindigul.

Figure 2: SHEMATIC REPRESENTATION OF METHODOLOGY



VARIABLES

DEPENDENT VARIABLES

In this study dependent variables are dimensions of physiological, psychological, social, economical and educational problems faced by wives alcoholic dependents.

INDEPENDENT VARIABLES

In this study independent variables are age, education, occupation, income and pattern of drinking alcohol.

SETTING OF THE STUDY

The study was conducted in Holy Cross de-addiction centre at A.Vellodu, Dindigul Dt. The centre had almost all the facilities. It contains 50 bedded centre. The rationale for selecting this hospital was availabilities of adequate samples both out patient and inpatient department.

POPULATION

The Population selected for the study were the wives of alcoholic dependents in both out patient and inpatient department in between 20-55 years.

SAMPLE

The samples of the present study were wives of alcoholic dependents who fulfilled the inclusion criteria.

SIZE OF THE SAMPLE

The size of the sample was 80.

SAMPLING TECHNIQUE

Sampling technique adopted for the study was Convenient sampling technique. Convenient sampling is a type of non probability sampling method in which people are sampled simply because they are “convenient” sources of data for researchers. (Bataglia, 2008).

The researcher had selected the wives of alcoholic dependents who were available for the present study based on the inclusion criteria.

CRITERIA FOR SAMPLE SELECTION

The sample were based on the following criteria.

INCLUSION CRITERIA

1. Wives of alcoholic dependents at Holy Cross de-addiction centre, Dindigul.
2. Wives of alcoholic dependents who are willing to participate in the study.
3. Wives of alcoholic dependents who are available at the time of study.
4. Wives of alcoholic dependents who are in the age group 20 to 55 years.
5. Wives who are living with alcoholic dependents.

EXCLUSIVE CRITERIA

1. Wives of Alcoholic dependents who are unable to read Tamil or English.
2. Wives of Alcoholic dependents below 20 years or above 55 years.
3. Wives of Alcoholic dependents those who are not willing to participate in this study.

DEVELOPMENT OF INSTRUMENTS

The research tool was developed by the researcher after doing extensive literature reviews from the primary and secondary sources.

DESCRIPTION OF THE INSTRUMENT

The instrument consists of two parts.

PART –I: DEMOGRAPHIC DATA

Demographic data consists age, education, occupation income, and pattern of drinking alcohol.

PART-II: TO ASSESS THE PROBLEMS FACED BY WIVES OF ALCOHOLIC DEPENDENTS

It is used to assess the problems faced by wives of alcoholic dependents.

It had 5 items. It consists of physical, psychological, social, economical and educational problems.

TESTING OF THE TOOLS

VALIDITY

The modified questionnaire was developed by the investigator. The tool evaluated by medical expert and experts in nursing field.

RELIABILITY

The investigator checked the reliability of the tool was elicited by Inter rater reliability. The tool was moderately reliable.

SCORING INTERPRETATION

SCORING FOR PHYSIOLOGICAL PROBLEM:

- 9-12 - Severe physiological problem
- 6-8 - Moderate physiological problem
- 1-6 - Mild physiological problem
- 0 - No physiological problem

SCORING FOR PSYCHOLOGICAL PROBLEMS:

- 24-32 - Severe psychological problem
- 16-23 - Moderate psychological problem
- 1-16 - Mild psychological problem
- 0 - No psychological problem

SCORING FOR SOCIAL PROBLEMS:

- 11-14 - Severe social problem
- 7-10 - Moderate social problem
- 1-6 - Mild social problem
- 0 - No social problem

SCORING FOR ECONOMICAL PROBLEMS:

- 6-8 - Severe economical problem
- 4-5 - Moderate economical problem
- 1-3 - Mild economical problem
- 0 - No economical problem

SCORING FOR EDUCATIONAL PROBLEMS:

- 12-16 - Severe educational Problem
- 8-11 - Moderate educational Problem
- 1-8 - Mild educational Problem
- 0 - No educational Problem

PILOT STUDY

Pilot study was conducted at Holy Cross De-addiction centre for a period of 1week (5/1/2015-11/5/2015). Permission was obtained from the Administrator of Holy Cross De-addiction Centre, Dindigul.

Descriptive design was adapted “to assess the problems faced by wives of alcoholic dependents attending in Holy Cross De-addiction centre at A.Vellodu, Dindigul”. 8 Participants who met the eligible criteria were selected by convenient sampling technique. The purpose of the study was explained and written consent

was obtained from each patient. Problems faced by wives of alcoholic dependents were assessed by using questionnaire. The duration of data collection for each participant was 30 minutes. No problem was faced during pilot study.

TECHNIQUE OF DATA ANALYSIS

Data analysis was done with the help of descriptive and inferential statistics.

DATA COLLECTION PROCEDURE

Written permission was obtained from the Director of Holy Cross De-addiction Centre, Dindigul. Wives of alcoholic dependents who fulfilled the inclusion criteria were selected by using Convenient sampling method. The researcher introduced herself to the wives of alcoholic dependents and developed good rapport with them for their co- operation. The researcher assured the participants for the confidentiality of their responses.

The purpose of the study was explained to every sample, so as to get their full co-operation. Adequate privacy was provided. Demographic data was collected through self report. After that assessing problems faced by wives by using the questionnaire. Duration for collection of data is 30 minutes for each participant.

PLAN FOR DATA ANALYSIS

S.No	OBJECTIVE	STATISTICAL PROCEDURE
1	To identify the level of physiological, psycho-social, economical and educational problems faced by wives of alcoholic dependents.	Frequency Distribution and Percentage
2	To find out the association between the problems faced by wives of alcoholic dependents with demographic variables.	Chi-Square
3	To find out the Linear regression on Demographic variables with the problems faced by wives of alcoholic dependence like physiological and psychological problems.	Linear Regression

PROTECTION OF HUMAN RIGHTS

Oral consent was obtained from the study sample before starting the data collection. Assurance was given and confidentiality was maintained. The Wives of alcoholics who were participated in the study were explained that they have the rights to withdraw from the study at any point of time. There was absence of physical and psychological strain to the Wives of alcoholics who were participated in the study.



CHAPTER – IV

DATA ANALYSIS

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

Polit (2004) states that statistical analysis is a method of rendering quantitative information and elicits meaningful research data. This chapter deals with the analysis and interpretation of the data collected and thereby “A descriptive study to assess the problems faced by wives of alcoholic dependents attending in Holy Cross De-addiction Centre, A.Vellodu, Dindigul”.

Collected data were statistically analyzed by the researcher to summarize, organize, evaluate, interpret and communicate numeric information. The collected data deals with demographic variables, to problems faced by wives of alcoholic dependents. The data which analyzed were tabulated and presented according to the objectives of the study. The data collected were edited, tabulated, analyzed and interpreted. The findings were organized and presented in the following orderly sections.

SECTION I; Frequency distribution and percentage on demographic variables among wives of alcoholic dependents

SECTION II: Level of problems faced by wives of alcoholic dependents

SECTION III: Association between age and problems faced by wives of alcoholic dependents.

SECTION IV: Association between education and problems faced by wives of alcoholic dependents.

SECTION V: Association between occupation and problems faced by wives of alcoholic dependents.

SECTION VI: Association between income and problems faced by wives of alcoholic dependents.

SECTION VII: Association between pattern of drinking alcohol and problems faced by wives of alcoholic dependents.

SECTION V - Linear regression on physiological problems faced by wives of alcoholic dependents in predicting with demographic variables.

SECTION IX - Linear regression on psychological problems faced by wives of alcoholic dependents in predicting with demographic variables.

**TABLE- I: FREQUENCY DISTRIBUTION AND PERCENTAGE
ON DEMOGRAPHIC VARIABLES AMONG WIVES OF
ALCOHOLIC DEPENDENTS**

N=80

S.No	DIMENSION	FREQUENCY	PERCENTAGE
1	AGE		
	1. 21 –30 years	32	40 %
	2. 31—40 years	32	40%
	3. 41—50 years	15	18.8%
	4. > 50 years	1	1.2%
2	EDUCATION		
	1. Primary	9	11.2 %
	2. Secondary School	46	57.5%
	3. UG Degree	20	25%
	4. PG Degree	4	5 %
	5. Others	1	1.2 %
3	OCCUPATION		
	1. Coolie	34	42.5 %
	2. House wife	46	57.5 %
4	INCOME		
	1. < Rs 5000 per month	68	85 %
	2. > Rs 5000 per month	12	15 %
5	PATTERN OF DRINKING ALCOHOL		
	1. < 1 years	50	62.5 %
	2. 1—5 years	19	23.8 %
	3. 6—10 years	9	11.2%
	4. > 10 years	2	2.5%

Table I shows that frequency distribution and percentage on demographic variables using among wives of Alcoholic dependents. Regarding age, 32 (40%) were between the age group of 21 -30 years, 32 (40%) were between the age group of 31-40 years , 15 (18.8%) were between the age group of 41-50 years and 1 (1.2%) was above 50years.

Regarding education, 9 (11.2%) were educated up to primary, 46 (57.5%) were educated up to secondary school, 20 (25%) were educated up to UG graduates, 4 (5%) were PG graduates and 1 (1.2%) was others.

Regarding occupation, 34 (42.5) were coolies, and 46 (57.5%) were house wives.

Regarding income, 68 (85%) were earning below Rs. 5000/month and 12 (15%) were earning above Rs 5000/month.

Regarding pattern of drinking alcohol 50(62.5%) were drinking < 1yr, 19(23.8%) were drinking 1-5 yrs, 9(11.2%) were drinking 6-10 yrs and 2(2.5%) were drinking above 10yrs.

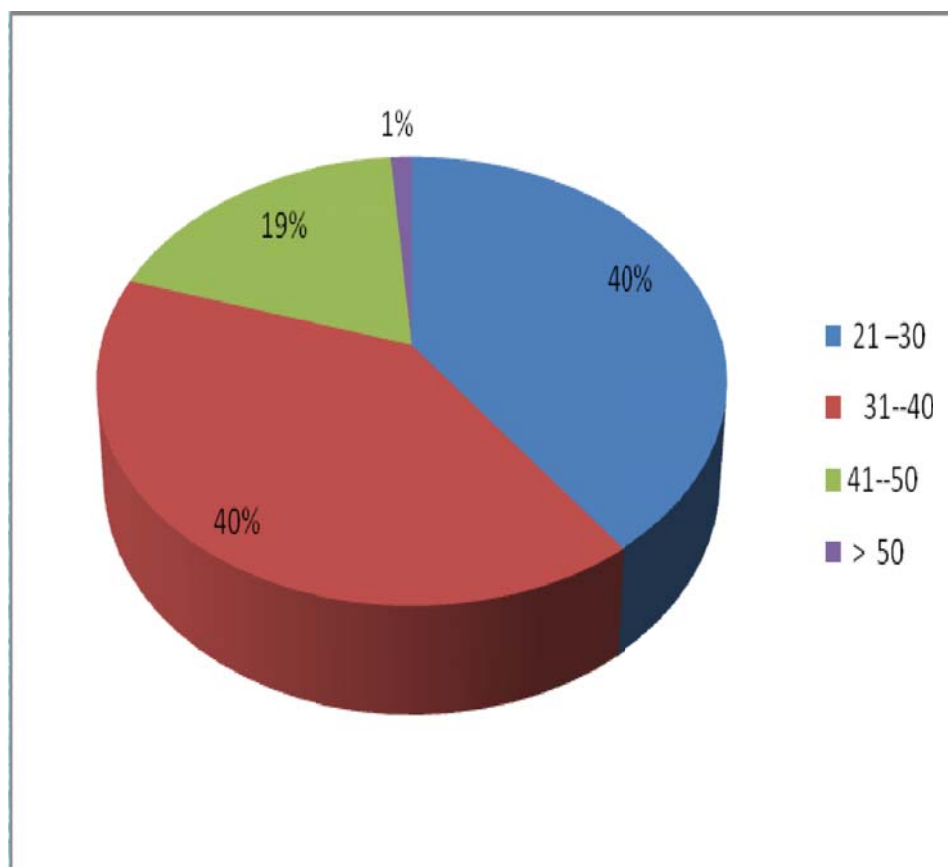


Figure-3 :Frequency distribution and percentage on demographic variables on age among wives of alcoholic dependents.

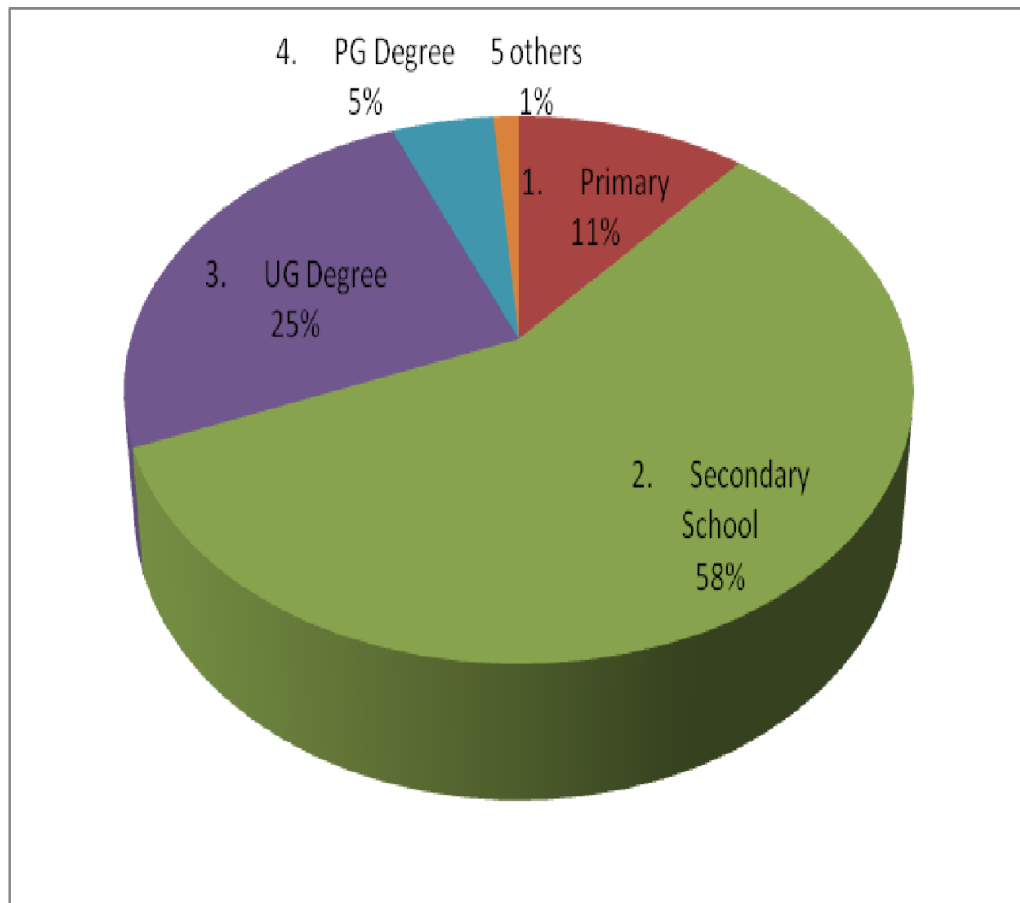


Figure-4 : Frequency distribution and percentage on demographic variables on education among wives of alcoholic dependents.

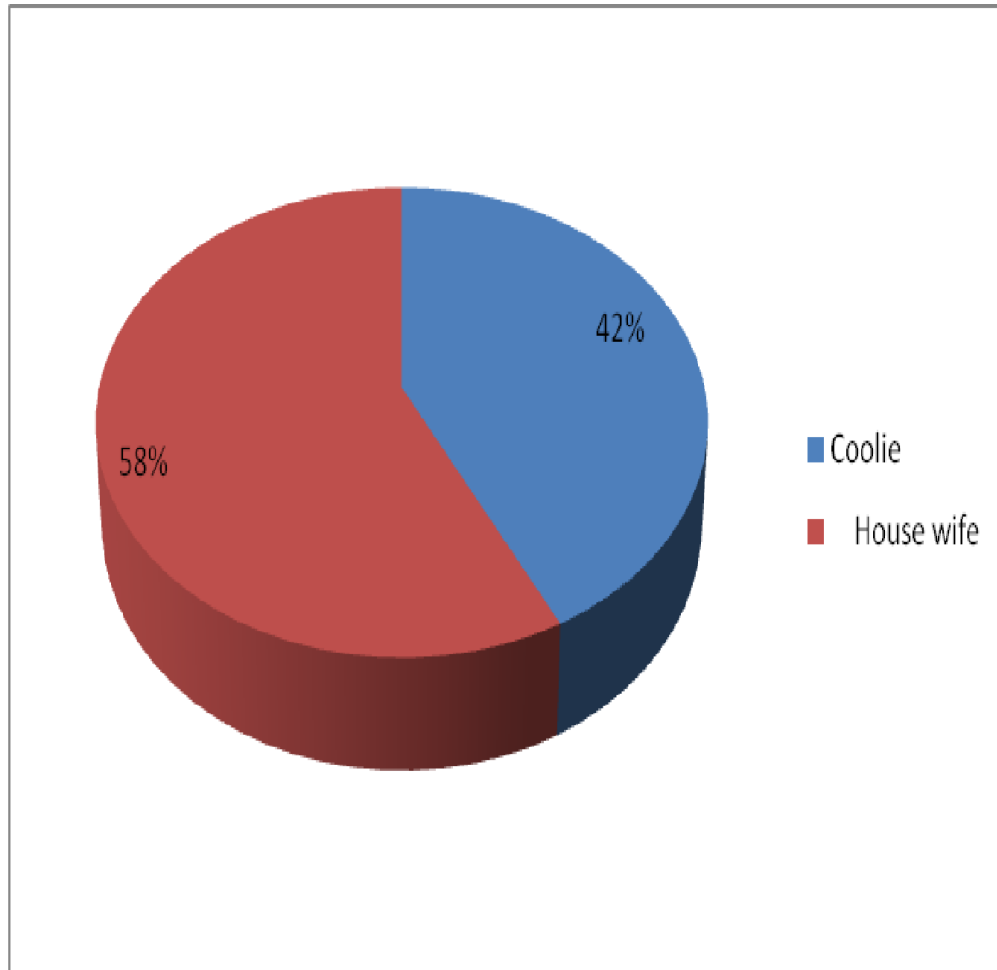


Figure-5 :Frequency distribution and percentage on demographic variables on occupation among wives of alcoholic dependents.

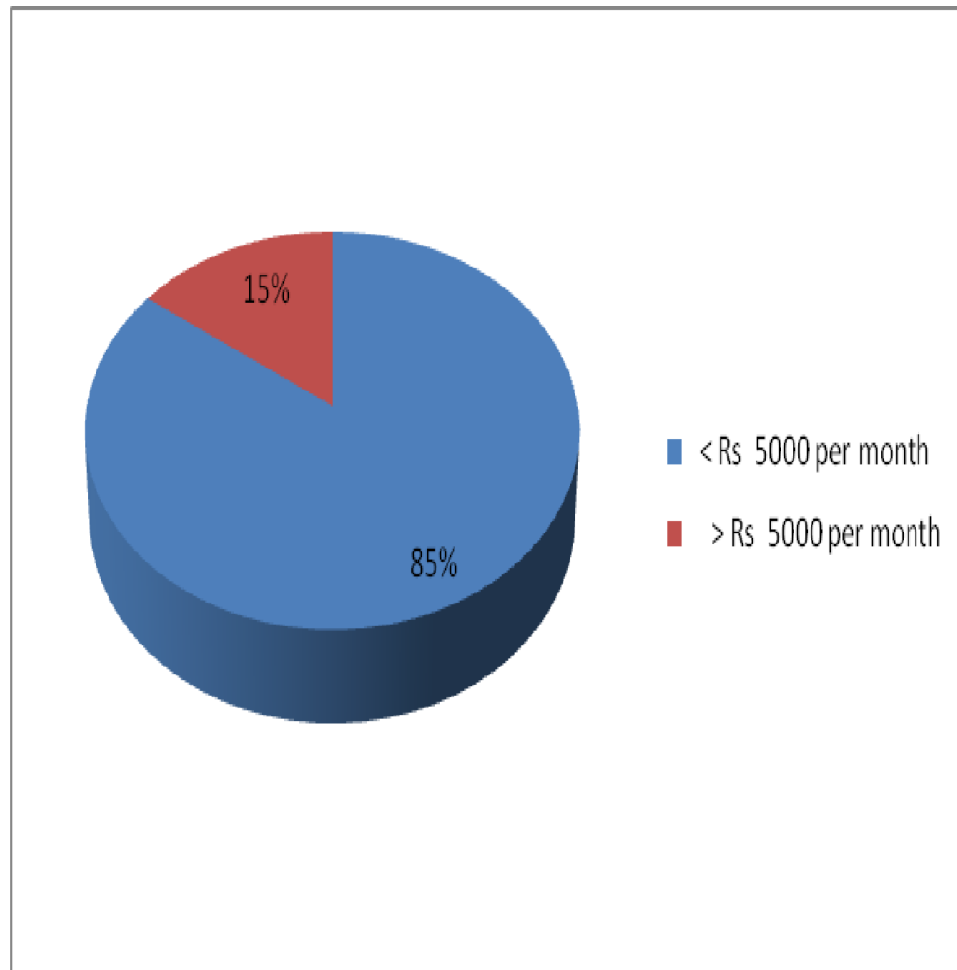


Figure-6 :Frequency distribution and percentage on demographic variables on income among wives of alcoholic dependents.

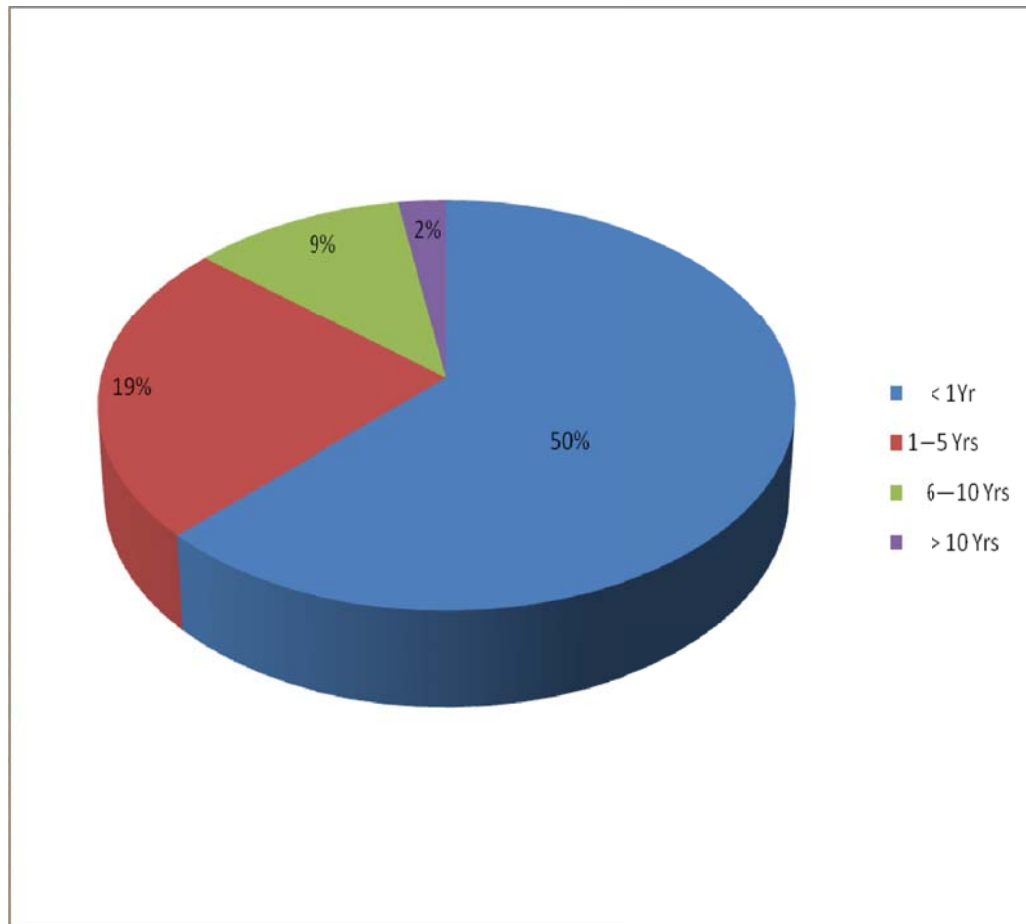


Figure-7 : Frequency distribution and percentage on demographic variables on pattern of drinking alcohol among wives of alcoholic dependents.

TABLE- II: FREQUENCY DISTRIBUTION AND PERCENTAGE ON LEVEL OF PROBLEMS FACED BY WIVES OF ALCOHOLIC DEPENDENTS

N=80

S. N	VARIABLES	SEVERE		MODERATE		MILD		NONE	
		F	%	F	%	F	%	F	%
1	PHYSIOLOGICAL PROBLEMS	-	-	18	22.5%	62	77.5 %	-	-
2	PSYCHOLOGICAL PROBLEMS	5	6.2%	23	28.8%	52	65%	-	-
3	SOCIAL PROBLEMS	2	2.5%	40	50.0%	38	47.5%	-	-
4	ECONOMICAL PROBLEMS	41	51.2%	34	42.5%	5	6.2%	-	-
5	EDUCATIONAL PROBLEMS	27	33.8%	41	51.2%	5	6.2%	7	8.8%

Table 2 shows that frequency distribution and percentage on level of problems faced by wives of alcoholics.

Regarding Physiological problems 18 (22.5%) moderate problems and 62 (77.5%) were facing mild problems

Regarding Psychological problems, 5(6.2%) were facing severe problems and 23 (28.8%) moderate problems and 52 (65 %) were facing mild problems.

Regarding Social problems, 2 (2.5%) were facing severe problems, 40 (50%) were moderate problems and 38 (47.5%) were facing mild problems.

Regarding Economical problems 41(51.2%) were facing severe problems, 34(42.5%) were facing moderate problems and 5(6.5%) were facing mild problems.

Regarding Educational problems, 27(33.8%) were facing severe problems, 41(51.2%) were facing moderate problems, 5(6.2%) were affected mild problems and 7(8.8%) were facing none.

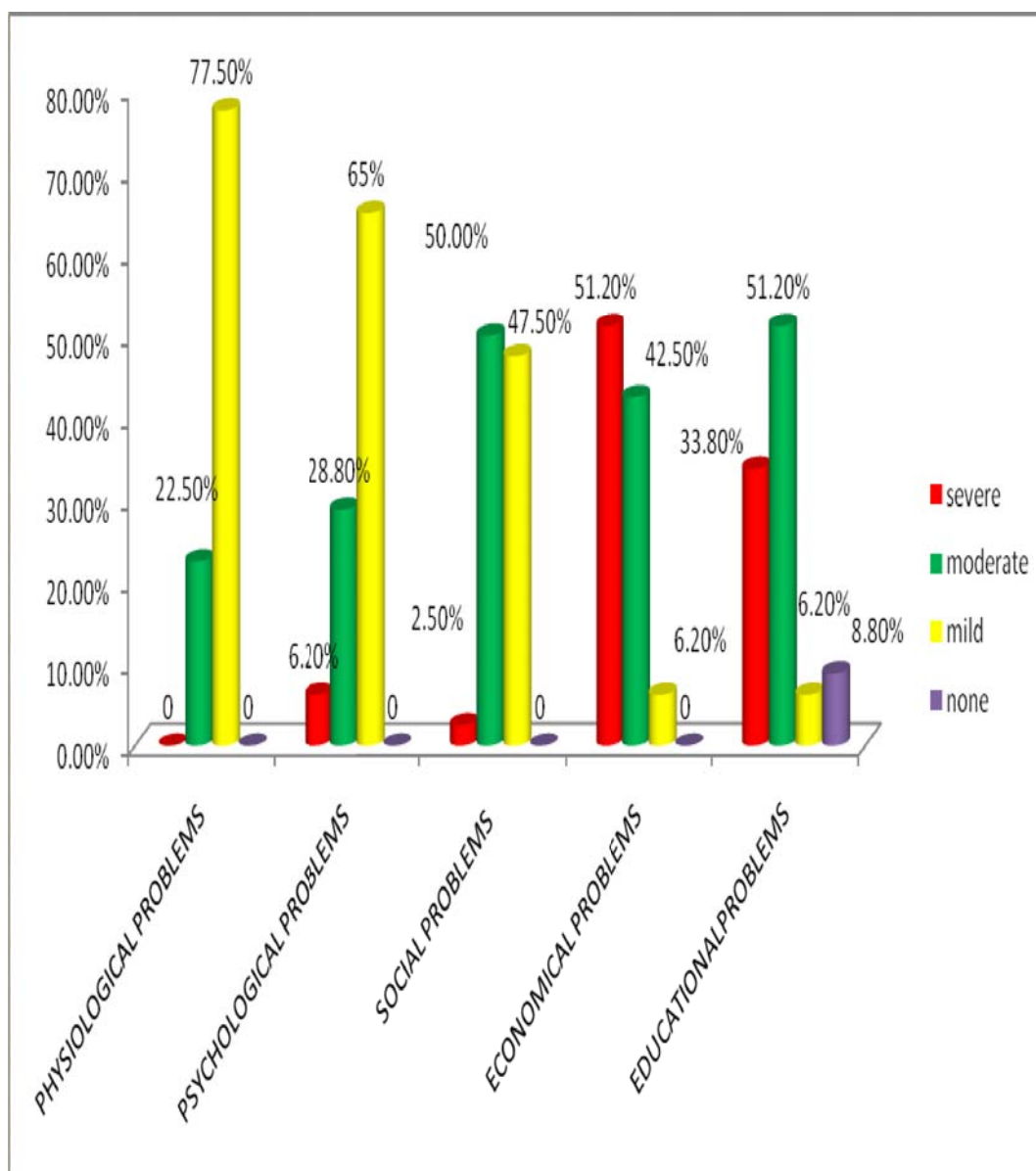


Figure-8: Level of problems faced by wives of alcoholic dependents.

TABLE-III: ASSOCIATION BETWEEN AGE AND PROBLEMS FACED BY WIVES OF ALCOHOLIC DEPENDENTS.

N=80

S.No	DIMENSION	CHI-SQUARE X2	D f	t VALUE	NS /S
1	PHYSIOLOGICAL PROBLEMS	0.45	3	7.81	NS
2	PSYCHOLOGICAL PROBLEMS	7.49	6	12.59	NS
3	SOCIAL PROBLEMS	6.5	6	12.59	NS
4	ECONOMICAL PROBLEMS	19.07	6	12.59	S
5	EDUCATIONAL PROBLEMS	15.28	9	16.92	NS

NS- Non-significant, S- Significant

Table III shows that association between age and problems faced by wives of alcoholic dependents.

Regarding physiological problems, the Chi-square value was 4.5. The table value is 7.81 and it is greater than Chi-square value. There was no association between age and physiological problems faced by wives of alcoholic dependents.

Regarding psychological problems, the Chi-square value was 7.49. The table value is 12.59 and it is greater than Chi-square value. There was no association between age and psychological problems faced by wives of alcoholic dependents.

Regarding social problems, the Chi-square value was 6.5. The table value is 12.59 and it is greater than Chi-square value. There was no association between age and social problems faced by wives of alcoholic dependents.

Regarding economical problems, the chi-square value was 19.07. The table value is 12.59 and it is lesser than Chi-square value. So there is association between age and economical problems faced by wives of alcoholic dependents.

Regarding educational problems, the Chi-square value was 15.28. The table value is 16.92 and it is greater than Chi-square value. There was no association between age and educational problems faced by wives of alcoholic dependents.

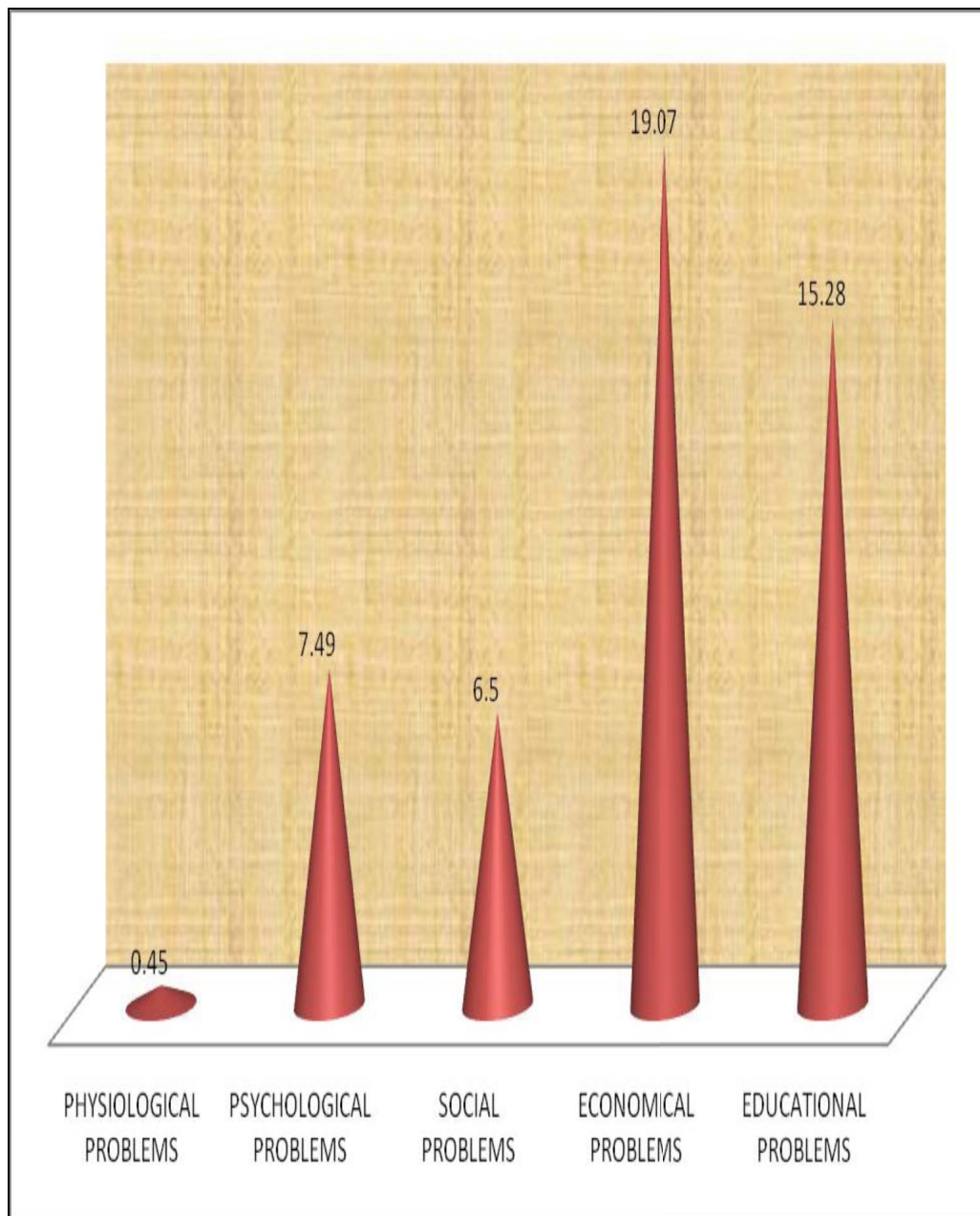


Figure-9 : Association between age and level of problems faced by wives of alcoholic dependents.

TABLE IV: ASSOCIATION BETWEEN EDUCATION AND PROBLEMS FACED BY WIVES OF ALCOHOLIC DEPENDENTS

S.N	DIMENSION	CHI-SQUARE X²	D f	t VALUE	NS /S
1	PHYSIOLOGICAL PROBLEMS	1.29	4	9.49	NS
2	PSYCHOLOGICAL PROBLEMS	9.21	8	15.51	NS
3	SOCIAL PROBLEMS	3.84	8	15.51	NS
4	ECONOMICAL PROBLEMS	5.32	8	15.51	NS
5	EDUCATIONAL PROBLEMS	11.8	12	21.03	NS

NS- Non-significant, S- Significant

Table IV shows that association between education and problems faced by wives of alcoholic dependents.

Regarding physiological problems, the Chi-square value was 1.29. The table value is 9.49 and it is greater than Chi-square value. There was no association between education and physiological problems faced by wives of alcoholic dependents.

Regarding psychological problems, the Chi-square value was 9.21 .The table value is 15.51 and it is greater than Chi-square value. There was no association between education and psychological problems faced by wives of alcoholic dependents.

Regarding social problems, the Chi-square value was 3.84. The table value is 15.51 and it is greater than Chi-square value. There was no association between education and social problems faced by wives of alcoholic dependents.

Regarding economical problems, the Chi-square value was 5.32. The table value is 15.51 and it is greater than Chi-square value. There was no association between education and economical problems faced by wives of alcoholic dependents.

Regarding educational problems, the Chi-square value was 11.8. The table value is 21.03 and it is greater than Chi-square value. There was no association between education and educational problems faced by wives of alcoholic dependents.

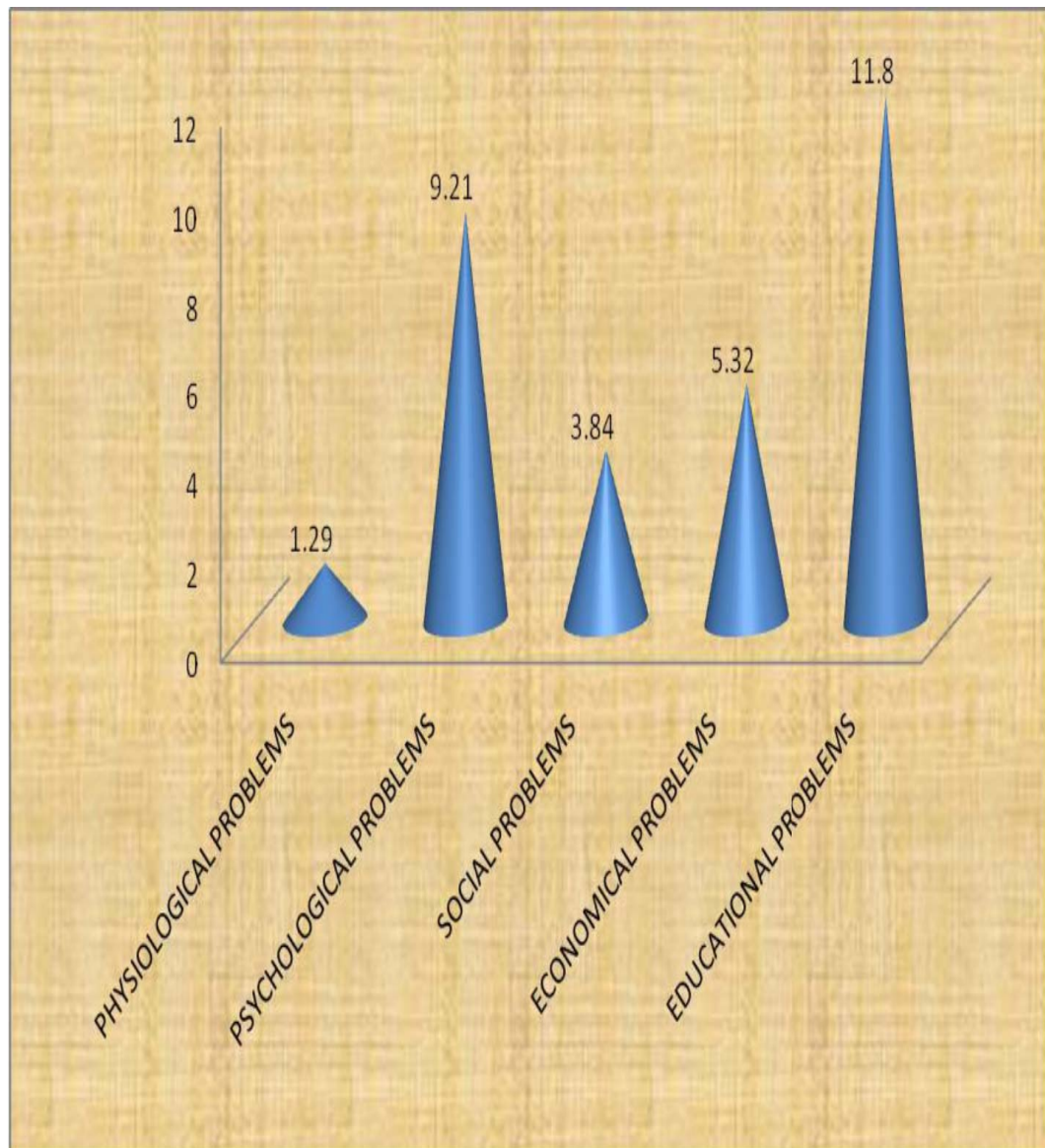


Figure 10: Association between education and problems faced by wives of alcoholic dependents.

TABLE-V: ASSOCIATION BETWEEN OCCUPATION AND PROBLEMS FACED BY WIVES OF ALCOHOLIC DEPENDENTS.

S.N	DIMENSION	CHI-SQUARE X ²	D f	t VALUE	NS /S
1	PHYSIOLOGICAL PROBLEMS	1.62	1	3.84	NS
2	PSYCHOLOGICAL PROBLEMS	2.61	2	5.99	NS
3	SOCIAL PROBLEMS	2.03	2	5.99	NS
4	ECONOMICAL PROBLEMS	1.5	2	5.99	NS
5	EDUCATIONAL PROBLEMS	0.67	3	5.99	NS

NS- Non-significant, S- Significant

Table V shows that association between occupation and problems faced by wives of alcoholic dependents.

Regarding physiological problems, the Chi-square value was 1.62. The table value is 3.84 and it is greater than Chi-square value. There was no association between occupation and physiological problems faced by wives of alcoholic dependents.

Regarding psychological problems, the Chi-square value was 2.61. The table value is 5.99 and it is greater than Chi-square value. There was no association between occupation and psychological problems faced by wives of alcoholic dependents.

Regarding social problems, the Chi-square value was 2.03. The table value is 5.99 and it is greater than Chi-square value. There was no association between occupation and social problems faced by wives of alcoholic dependents.

Regarding economical problems, the Chi-square value was 1.5. The table value is 5.99 and it is greater than Chi-square value. There was no association between occupation and economical problems faced by wives of alcoholic dependents.

Regarding educational problems, the Chi-square value was. 67. The table value is 5.99 and it is greater than Chi-square value. There was no association between occupation and educational problems faced by wives of alcoholic dependents.

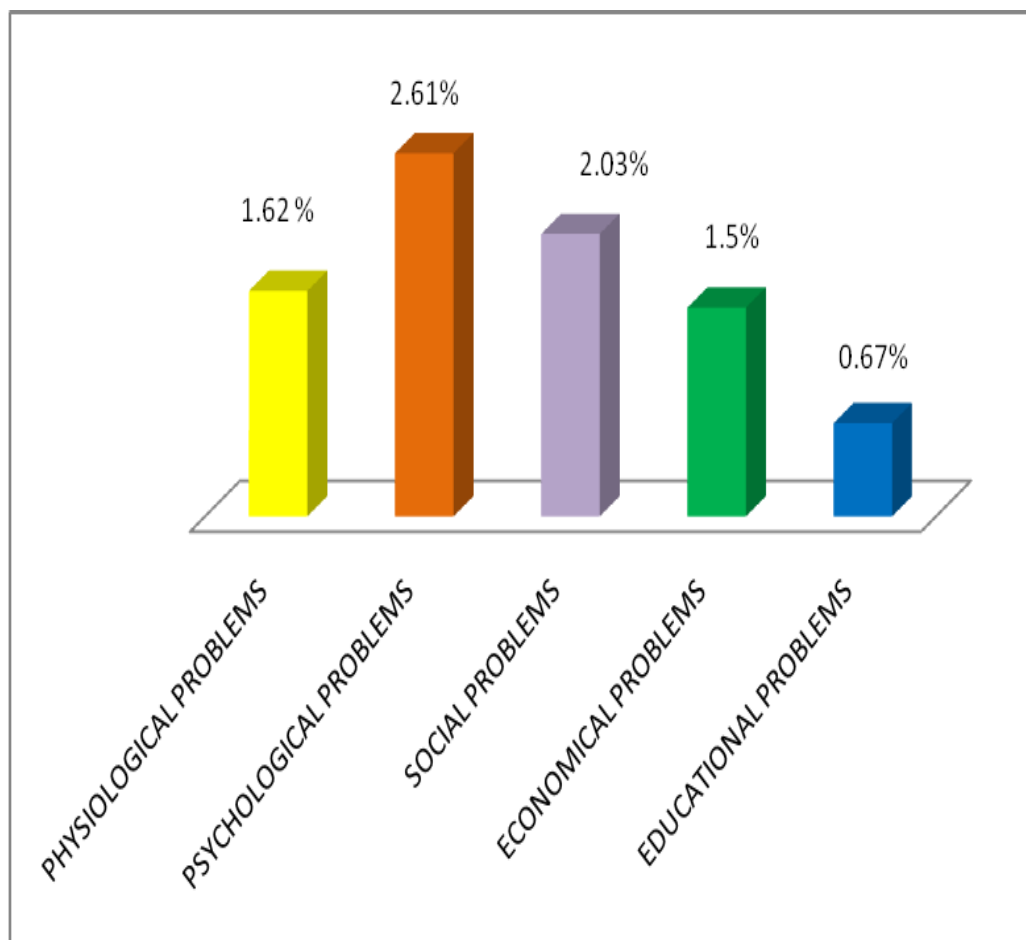


Figure 11: Association between occupation and problems faced by wives of alcoholic dependents.

TABLE VI: ASSOCIATION BETWEEN INCOME AND PROBLEMS FACED BY WIVES OF ALCOHOLIC DEPENDENTS.

S. N	DIMENSION	CHI-SQUARE X²	D f	t VALUE	NS /S
1	PHYSIOLOGICAL PROBLEMS	0.95	1	3.84	NS
2	PSYCHOLOGICAL PROBLEMS	3.17	2	5.99	NS
3	SOCIAL PROBLEMS	0.37	2	5.99	NS
4	ECONOMICAL PROBLEMS	1.96	2	5.99	NS
5	EDUCATIONAL PROBLEMS	3.69	3	7.81	NS

NS- Non-significant, S- Significant

Table VI shows that association between income and problems faced by wives of alcoholic dependents.

Regarding physiological problems, the Chi-square value was 0.95 .The table value is 3.84 and it is greater than Chi-square value. There was no association between income and physiological problems faced by wives of alcoholic dependents.

Regarding psychological problems, the Chi-square value was 3.17. The table value is 5.99 and it is greater than Chi-square value. There was no association between income and psychological problems faced by wives of alcoholic dependents.

Regarding social problems, the Chi-square value was 0.37. The table value is 5.99 and it is greater than Chi-square value. There was no association between income and social problems faced by wives of alcoholic dependents.

Regarding economical problems the chi-square value was 1.96. The table value is 5.99. Table value is greater than chi-square value. There was no association between income and economical problems faced by wives of Alcoholic dependents.

Regarding educational problems, the Chi-square value was 3.69. The table value is 7.81 and it is greater than chi-square value. There was no association between income and educational problems faced by wives of alcoholic dependents.

TABLE VII: ASSOCIATION BETWEEN PATTERN OF DRINKING ALCOHOL AND PROBLEMS FACED BY WIVES OF ALCOHOLIC DEPENDENTS.

S.N	DIMENSION	CHI-SQUARE X²	D f	t VALUE	NS /S
1	PHYSIOLOGICAL PROBLEMS	0.74	3	7.81	NS
2	PSYCHOLOGICAL PROBLEMS	4.32	6	12.59	NS
3	SOCIAL PROBLEMS	7.30	6	12.59	NS
4	ECONOMICAL PROBLEMS	2.26	6	12.59	NS
5	EDUCATIONAL PROBLEMS	8.5	9	16.92	NS

NS- Non-significant, S- Significant

Table –VII shows that association between pattern of drinking and problems faced by wives of alcoholic dependents.

Regarding physiological problems, the Chi-square value was 0.74. The table value is 7.81 and it is greater than Chi-square value. There was no association between pattern of drinking alcohol and physiological problems faced by wives of alcoholic dependents.

Regarding psychological problems, the Chi-square value was 4.32. The table value is 12.59 and it is greater than Chi-square value. There was no association between pattern of drinking alcohol and psychological problems faced by wives of alcoholic dependents.

Regarding social problems, the Chi-square value was 7.30. The table value is 12.59 and it is greater than Chi-square value. There was no association between pattern of drinking alcohol and social problems faced by wives of alcoholic dependents.

Regarding economical problems, the Chi-square value was 2.26. The table value is 12.59 and it is greater than Chi-square value. There was no association between pattern of drinking alcohol and economical problems faced by wives of alcoholic dependents.

Regarding educational problems, the Chi-square value was 8.5. The table value is 16.92 and it is greater than Chi-square value. There was no association between pattern of drinking alcohol and economical problems faced by wives of alcoholic dependents.

TABLE VIII - LINEAR REGRESSION ON PHYSIOLOGICAL PROBLEMS FACED BY WIVES OF ALCOHOLIC DEPENDENTS IN PREDICTING WITH DEMOGRAPHIC VARIABLES.

S.N	DIMENSION	UNSTANDARDIZED COEFFICIENT		STANDARDIZED COEFFICIENT	t VALUE	S
		Beta	Std.Error	Beta		
1	AGE	.035	.063	.065	.557	.579
2	EDUCATION	-.060	.062	-.111	-.959	.341
3	OCCUPATION	-.191	.104	-.226	-1.841	.070
4	INCOME	.252	.145	.216	1.740	.086
5	PATTERN OF DRINKING ALCOHOL	-.017	.061	-.033	-.284	.777

Table VIII shows that the standardized beta indicates that the relative contribution of all these dimensions predicting with the percentage of age (6.5%), education (11.1%), occupation (22.6%), income (21.6%) and pattern of drinking alcohol (3.3%). Thus these demographic variables having influence on physiological problems.

TABLE IX - LINEAR REGRESSION ON PSYCHOLOGICAL PROBLEMS FACED BY WIVES OF ALCOHOLIC DEPENDENTS IN PREDICTING WITH DEMOGRAPHIC VARIABLES.

S.N	DIMENSION	UNSTANDARDIZED COEFFICIENT		STANDARDIZED COEFFICIENT	t VALUE	S
		Beta	Std.Error	Beta		
1	AGE	-.064	.092	-.083	-.700	.486
2	EDUCATION	-.054	.091	-.068	-.588	.558
3	OCCUPATION	-.192	.152	-.156	-1.264	.210
4	INCOME	.216	.212	.127	1.019	.312
5	PATTERN OF DRINKING ALCOHOL	-.059	.089	-.077	-.665	.508

Table IX shows that the standardized beta indicates that the relative contribution of all these dimensions predicting psychological problems based on the percentage of Age (8.3%), education (6.8%), occupation (15.6%), income (12.7%) and pattern of drinking alcohol (7.7%). Thus these demographic variables having influence on psychological problems.



CHAPTER – V

DISCUSSION

CHAPTER V

DISCUSSION

This chapter deals with the discussion of the study with appropriate literature, statistical analysis and the findings of the study based on the study objectives.

The aim of the study was to assess the problems faced by wives of alcoholic dependents attending in Holy cross de-addiction centre at A.Vellodu, Dindigul.

The main study was conducted from sample numbering of 80 among wives of alcoholic dependents.

The level of problems faced by wives of alcoholic dependents was assessed by questionnaire.

OBJECTIVES

1. To assess the level of problems faced by wives of alcoholic dependents attending in Holy Cross de-addiction centre.
2. To find out the association between the level of problems faced by wives of alcoholic dependence with demographic variables like age, education occupation, income and pattern of drinking alcohol.
3. To find out the Linear Regression on the demographic variables with problems faced by wives of alcoholics dependents attending in Holy Cross de-addiction centre.

The first objective of the study was to assess the problems faced by wives of alcoholic dependents attending at Holy cross de-addiction centre.

Table 2 shows that frequency distribution and percentage on level of problems faced by wives of alcoholics. Regarding Physiological problems, 18 (22.5%) were facing moderate problems and 62 (77.5%) were facing mild problems. Regarding Psychological problems, 5 (6.2%) were facing severe problems and 23 (28.8%) were facing moderate problems and 52 (65.2%) were facing mild problems. Regarding social problems, 2 (2.5%) were facing severe problems, 40 (50%) were facing

moderate problems and 38(47.5%) were facing mild problems. Regarding economical problems, 41(51.2%) were facing severe problems 34(42.5%) were facing moderate problems and 5(6.2%) were affected mild problems .Regarding educational problems, 27(33.8%) were facing severe problems, 41(51.2%) were facing moderate problems, 5(6.2%) were affected mild problems and 7(8.8%) were facing none level.

The Supportive studies are K. R. Ramya , Lisa Paul (2013) conducted a study on Psychosocial Problems of Wives of Alcoholics. The wives of alcoholics suffer a lot with their alcoholic husband resulting in various problems in wife. In this context, we attempted to identify and measure the psychosocial problems of wives of alcoholics. It was conducted using a quantitative, descriptive survey method; data were collected from wives of alcoholics selected using convenient sampling admitted in selected hospital using a demographic data sheet, a four point rating scale containing 16 items to assess psychosocial problems of wives. Findings revealed that majority of subjects belonged to the age group of >40 years (60%), educated till 10th standard (83.3%), were unemployed, (63.3%) family income <1500/month (56.8%), belonged to Hindu religion (56.8%), duration of alcoholism was >16 years (60%). Majority of wives of alcoholics had severe psychological (33.3%) and social (46.4%) problems. Knowledge gained from this study can be utilized to provide awareness about managing their partner's unhealthy habit and coping strategies.

The second objective of the study is to find out the association between the level of problems faced by wives of alcoholic dependence with demographic variables like age, education ,occupation, income and pattern of drinking alcohol .

Table III shows that association between age and problems faced by wives of alcoholic dependents. Regarding physiological problems, there was no association between age and physiological problems faced by wives of alcoholic dependents. Regarding psychological problems, there was no association between age and psychological problems faced by wives of alcoholic dependents. Regarding social problems, there was no association between age and social problems faced by wives of alcoholic dependents. Regarding economical problems, there is significant

association between age and economical problems faced by wives of alcoholic dependents. Regarding educational problems, there was no association between age and psychological problems faced by wives of alcoholic dependents.

Table IV shows that association between education and problems faced by wives of alcoholic dependents. Regarding physiological problems, there was no association between education and physiological problems faced by wives of Alcoholic dependents. Regarding psychological problems, there was no association between education and psychological problems faced by wives of Alcoholic dependents. Regarding social problems, there was no association between education and social problems faced by wives of Alcoholic dependents. Regarding economical problems, there was no association between education and economical problems faced by wives of Alcoholic dependents. Regarding educational problems, there was no association between education and economical problems faced by wives of Alcoholic dependents.

Table V shows that association between occupation and problems faced by wives of alcoholic dependents. Regarding physiological problems, there was no association between occupation and physiological problems faced by wives of alcoholic dependents. Regarding psychological problems, there was no association between occupation and psychological problems faced by wives of alcoholic dependents. Regarding social problems, there was no association between occupation and social problems faced by wives of alcoholic dependents. Regarding economical problems, there was no association between occupation and economical problems faced by wives of alcoholic dependents. Regarding educational problems, there was no association between occupation and economical problems faced by wives of alcoholic dependents.

Table VI shows that association between income and problems faced by wives of alcoholic dependents. Regarding physiological problems, there was no association between income and physiological problems faced by wives of alcoholic dependents. Regarding psychological problems, there was no association between income and psychological problems faced by wives of alcoholic dependents. Regarding social problems, there was no association between income and social problems faced by wives of alcoholic dependents. Regarding economical problems,

there was no association between income and economical problems faced by wives of alcoholic dependents. Regarding educational problems, there was no association between income and economical problems faced by wives of alcoholic dependents.

Table –VII shows that association between pattern of drinking alcohol and problems faced by wives of alcoholic dependents. Regarding physiological problems, there was no association between pattern of drinking alcohol and physiological problems faced by wives of alcoholic dependents. Regarding psychological problems, there was no association between pattern of drinking alcohol and psychological problems faced by wives of alcoholic dependents. Regarding social problems there was no association between pattern of drinking alcohol and social problems faced by wives of Alcoholic dependents. Regarding economical problems, there was no association between pattern of drinking alcohol and economical problems faced by wives of alcoholic dependents. Regarding educational problems, there was no association between pattern of drinking alcohol and economical problems faced by wives of alcoholic dependents.

The Supportive studies are, Alok Tyagi, Shubham Mehta (2013) conducted a study on impact of partner's alcohol consumption on spouse. Alcohol abuse by the husband contributes to poor physical and mental health in the spouse. The aim of the study was to identify the correlation between alcohol consumption in husbands and depression and suicidal ideation, in their wives. Thirty patients who were wives of persons dependent on alcohol were assessed using PHQ-9 for depression and MSSI for suicidal ideation. The husband's alcohol consumption was graded using the AUDIT scale. The mean age of the sample was 30.67 years (SD 8.125). Majority of the samples were housewives (66.7%), of the Hindu religion (83.3%), had received at least primary education and were living in a nuclear family (53.3%). Mean duration of alcohol consumption in the husbands was 9.60 years (SD 2.79). Among the alcohol users the mean AUDIT score was 11.47 ± 4.05 . The mean PHQ-9 score among the wives was 4.87 ± 5.49 . We found significant positive correlation between alcohol consumption in husbands and depressive symptoms and suicidal ideation in their wives.

The Third objective of the study is to find out the Linear Regression on the demographic variables with problems faced by wives of alcoholics dependents attending in Holy cross De-addiction centre.

Table VIII shows that the standardized beta indicates that the relative contribution of all these dimensions predicting with the percentage of age (6.5%), education (11.1%), occupation (22.6%), income (21.6%) and pattern of drinking alcohol (3.3%). Thus these demographic variables having influence on physiological problems.

Table IX shows that the standardized beta indicates that the relative contribution of all these dimensions predicting psychological problems based on the percentage of Age (8.3%), education (6.8%), occupation (15.6%), income (12.7%) and pattern of drinking alcohol (7.7%). Thus these demographic variables having influence on psychological problems.

The supportive studies are Tiesca & Borda, (2003) reported a study of 180 women seeking prenatal care in rural South India, it was found that 20% of the women reported domestic violence and 94.5% of these women identified their husbands as the aggressors. Husband's alcohol use was a significant risk factor for domestic violence. The role of alcohol in domestic violence is also cited in another Indian study which found that 33% of spouse-abusing husbands were using alcohol. Of these 15% were occasional, 45% frequent and about 40% were daily users of alcohol. More than half of the spousal abuse took place during the period of intoxication.



CHAPTER – VI
SUMMARY,
CONCLUSION,
IMPLICATIONS
AND RECOMMENDATIONS

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS.

This chapter represents the summary, findings, conclusion, implications and recommendations which create a base for the future researcher for an evidence-based practice.

SUMMARY OF THE STUDY

Alcohol is the world's third largest risk factor for premature mortality, disability and loss of health. Indian alcohol policy reports (2008) stated that India has been identified as the potentially third largest market for alcoholic beverages in the world. Researchers have found that a number of psychological and biological changes that appears are associated with alcoholism. The wives of alcoholics will suffer a lot due to husband's alcoholism thus faces stressful and painful situations. Thus they develop anxiety and lose their interest in day to day activities also become socially isolated since the alcoholics hurt them a lot. Financial problems faced by them also increases their tension, anxiety, stress and that further led to hypertension or heart disease. Health care cost spent by an alcoholic family member is twice that of other family members. Wives of alcoholics were having higher level of anxiety than the wives of non-alcoholics.

Various interventions and coping skills are needed to alleviate psychological or psycho-social distress among wives of alcoholics. Complementary and alternative medicine (CAM) is the most frequently used treatment in symptoms of depression, anxiety and insomnia. Awareness programme can be effectively used because of its various purposes including personal and self development, attitude and behavioural development, resolving personal problems, reducing stress and anxiety and restoring life balance.

OBJECTIVES OF THE STUDY

1. To assess the level of physiological, psychological, social , economical and educational problems faced by wives of alcoholic dependence.

2. To find out the association between the level of problems faced by wives of alcoholic dependence with demographic variables like age, education occupation, income, and pattern of drinking alcohol.
3. To find the Linear regression on demographic variables with problems faced by wives of alcoholic dependence such as physiological and psychological problems.

HYPOTHESES

- 1 There was no significant association between the physiological problems with selected variables such as age, education, occupation, income and pattern of drinking alcohol.
- 2 There was no significant association between the psychological problems with selected variables such as age, education, occupation, income and pattern of drinking alcohol .
- 3 There was no significant association between the social problems with selected variables such as age, education, occupation, income pattern of drinking alcohol.
- 4 There is significant association between the economical problems with selected variable in age where as there was no significant association between the economical problems with selected variables such as education, occupation, income and pattern of drinking alcohol.
- 5 There was no significant association between the educational problems with selected variables such as age, education, occupation, income and pattern of drinking alcohol .

The main study was conducted from sample numbering of 80 among the wives of alcoholic dependents. The level of problems faced by wives of alcoholic dependents was assessed by questionnaire.

Pilot study was conducted in Holy cross De-addiction centre ,at A.Vellodu for a period of 1week (5/1/2015-11/5/2015). After Pilot study, the reliability of the tool was elicited by Inter rater reliability. The tool was moderately reliable.

DATA COLLECTION PROCEDURE

Written permission was obtained from the Director of Holy Cross De-addiction Centre, Dindigul. Wives of Alcoholic dependents who fulfilled the inclusion criteria were selected by using Convenient sampling technique. The researcher introduced herself to the wives of alcoholic dependents and developed good rapport with them for their co- operation. The researcher assured the participants for the confidentiality of their responses.

The purpose of the study was explained to every sample, so as to get their full co-operation. Adequate privacy was provided. Demographic data was collected through self report, the problems are assessed by the method of using the questionnaire. Duration for collection of data is 30 minutes for each participants.

MAJOR FINDINGS:

Regarding Physiological problems, 18 (22.5%) were facing moderate problems and 62 (77.5%) were facing mild problems . Regarding Psychological problems, 5 (6.2%) were facing severe problems and 23(28.8%) were facing moderate problems and 52 (65. 2%) were facing mild problems. Regarding Social problems, 2 (2.5%) were facing severe problems, 40 (50%) were facing moderate problems and 38 (47.5%) were facing mild problems. Regarding Economical problems, 41 (51.2%) were facing severe problems and 34 (42.5%) were facing moderate problems,5 (6.2%) were facing mild problems . Regarding Educational problems, 27 (33.8%) were facing severe problems, 41 (51.2%) were facing moderate problems, 5 (6.2%) were facing mild problems and 7 (8.8%) were facing none .

Regarding physiological problems, there was no association between age and physiological problems faced by wives of alcoholic dependents .Regarding psychological problems, there was no association between age and psychological problems faced by wives of alcoholic dependents. Regarding social problems, there was no association between age and social problems faced by wives of alcoholic dependents. Regarding economical problems, there is association between age, and economical problems faced by wives of alcoholic dependents. Regarding educational

problems, there was no association between age and psychological problems faced by wives of alcoholic dependents.

Regarding physiological problems, there was no association between education and physiological problems faced by wives of alcoholic dependents. Regarding psychological problems, there was no association between education and psychological problems faced by wives of alcoholic dependents. Regarding social problems, there was no association between education and social problems faced by wives of alcoholic dependents. Regarding economical problems, there was no association between education and economical problems faced by wives of alcoholic dependents. Regarding educational problems, there was no association between education and economical problems faced by wives of alcoholic dependents.

Regarding physiological problems, there was no association between occupation and physiological problems faced by wives of alcoholic dependents. Regarding psychological problems, there was no association between occupation and psychological problems faced by wives of alcoholic dependents. Regarding social problems, there was no association between occupation and social problems faced by wives of alcoholic dependents. Regarding economical problems, there was no association between occupation and economical problems faced by wives of alcoholic dependents. Regarding educational problems, there was no association between occupation and economical problems faced by wives of alcoholic dependents.

Regarding physiological problems, there was no association between income and physiological problems faced by wives of alcoholic dependents. Regarding psychological problems, there was no association between income and psychological problems faced by wives of alcoholic dependents. Regarding social problems, there was no association between income and social problems faced by wives of alcoholic dependents. Regarding economical problems, there was no association between income and economical problems faced by wives of alcoholic dependents. Regarding educational problems, there was no association between income and economical problems faced by wives of alcoholic dependents.

Regarding physiological problems, there was no association between pattern of drinking alcohol and physiological problems faced by wives of alcoholic

dependents. Regarding psychological problems, there was no association between pattern of drinking alcohol and psychological problems faced by wives of alcoholic dependents. Regarding social problems there was no association between pattern of drinking alcohol and social problems faced by wives of alcoholic dependents. Regarding economical problems, there was no association between pattern of drinking alcohol and economical problems faced by wives of alcoholic dependents. Regarding educational problems, there was no association between pattern of drinking alcohol and economical problems faced by wives of alcoholic dependents.

Table VIII shows that the standardized beta indicates that the relative contribution of all these dimensions predicting with the percentage of age (6.5%), education (11.1%), occupation (22.6%), income (21.6%) and pattern of drinking alcohol (3.3%). Thus these demographic variables having influence on physiological problems.

Table IX shows that the standardized beta indicates that the relative contribution of all these dimensions predicting psychological problems based on the percentage of Age (8.3%), education (6.8%), occupation (15.6%), income (12.7%) and pattern of drinking alcohol (7.7%). Thus these demographic variables having influence on psychological problems.

CONCLUSION

Due to alcoholics the worst affected are their wives. Their mental health is socially shakened. Many research have shown that alcoholism is a multifaceted and multidimensional problem. We come across in our day to day life different kinds of alcoholic dependents and problems faced by their wives. Drinking by adults serves as a role model for the young. The identification of risk factors is essential for prevention . As drinking pattern vary considerably, the prevention of alcoholics is not easy. Educating the public, discussion and investigation of public attitudes may result in measurable improvement. This network should be combined with social welfare and health services. By bringing changes in the attitude and behaviour of the alcoholics through individual therapy, family therapy, group therapy, occupational therapy and some of the diversional activities such as music therapy ,yoga, meditation and relaxation techniques may support to an alcohol free society.

IMPLICATIONS

The data analysis results give rise to few suggestions to the nursing profession.

NURSING PRACTICE

- Awareness programme can be made as a routine in nursing services as a alternative therapy.

NURSING EDUCATION

- Awareness programme on prevention of alcoholism can be brought in detail in nursing curriculum from undergraduate level.

NURSING ADMINISTRATION

- In- service education can be arranged to the staff nurses. Awareness programme on prevention of alcoholism can be started there by to educate the public who is coming to contact nursing personnel in the both clinical and community settings.

NURSING RESEARCH:

These research findings can be utilized for the development of research based protocols and policies in health care setting.

RECOMMENDATIONS:

- Same study can be conducted with large samples.
- Same study can be conducted among problems faced by the children of alcoholics.
- Same study can be conducted to assess the effectiveness of Structured Teaching Programme on Awareness Programme of Prevention of Alcoholism.
- Comparative study can be done to assess the effectiveness of Structured Teaching Programme and Video Teaching Programme on Awareness Programme of Prevention of Alcoholism.



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From

U. Nagarani
II yr M.sc Nursing,
Jainee college of Nursing,
Dindigul.

To

The Administrator,
Holly Cross De-Addiction Centre,
A.Vellodu,
Dindigul.

Sir/Madam,

Subject: Permission for conducting dissertation study at Holy Cross
De-Addiction Centre at A.Vellodu, Dindigul- II Year M.Sc (N)
Psychiatric Nursing student –Jainee College of Nursing, Dindigul-
requested- Regarding

As per the curriculum recommended by the Tamil Nadu Dr.M.G.R Medical University, I have selected the topic “A Descriptive study to assess the problems faced by wives of alcoholic dependence at Holy Cross De-Addiction Centre, Dindigul” for the partial fulfillment of the PG course.

I kindly request you to consider my letter and allow me to conduct the study in your esteemed institution.

Thank You

Yours faithfully,



CONTENT VALIDITY

CONTENT VALIDITY:

The content validity was obtained from obtained from nursing experts. The suggestions given by Medical expert and Nursing Experts were incorporated and the tool was finalized.

1. Dr.Samuel Gunasekaran, MBBS, DPM (USA)
Director,
Mesmer Hospital,
Dindigul.
2. Dr.Deen Westley, MBBS., MD
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Govt Head Quaters Hospital,
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Dindigul.
5. Mrs.Madona.,M.Sc (Nursing)
Reader,
Bishop's College of Nursing
Dindigul.

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A- Demographic Data

SECTION B- Modified Questionnaire to assess problems faced by wives of alcoholics

Prepared for data collection by Mrs.U. Nagarani, II year M.sc (N) student, Jainee College Of Nursing, Dindigul, who has undertaken the study field on thesis entitled **“A DESCRIPTIVE STUDY TO ASSESS THE PROBLEMS FACED BY WIVES OF ALCOHOLIC DEPENDENTS ATTENDING IN HOLY CROSS DE-ADDICTION CENTER, AT A.VELLODU, DINDIGUL.”** has been validated by me.

SIGNATURE OF THE EXPERT:

NAME :

DESIGNATION:

ADDRESS:



INFORMED CONSENT

INFORMED CONSENT

I am giving my informed consent to participate in the research study to assess the problems faced by wives of alcoholic dependents attending Holy Cross de-addiction centre, Dindigul.

I have been informed that my participation is entirely volunteer. I will not refuse to answer or not participate any point of time during the study. I have been fully informed about the nature of the study, the researcher's responsibilities and the likely benefits of this study.

Date

Signature

ஒப்புதல் அறிவிப்பு

திண்டுக்கல் மாவட்டம், ஜெய்னி செவிலியர் கல்லூரியில் ,முதுகலை அறிவியல் (மனநலவியல்) இரண்டாமாண்டு ஆய்வுமாணவி உ.நாகராணி அவர்கள் அ.வெள்ளோடு பகுதியில் உள்ள ஹோலிகிராஸ் போதை மறுவாழ்வு மையத்தில் குடிபழக்கதிற்கு அடிமையானவர்களின் மனைவிகள் அடையும் பிரச்சனைகள் குறித்து ஆய்வு செய்தார்கள்.மேற்படி ஆய்வுக்கு நான் சுயவிருப்பத்துடனும்,முழுமனதுடன் சம்மதிக்கின்றேன்.இந்த ஆராய்ச்சியைப் பற்றிய முழுபொறுப்பும் என்னையே சார்ந்தது.

தேதி :

கையொப்பம்

இடம் :



TOOL

DATA COLLECTION TOOL IN ENGLISH

SECTION A: DEMOGRAPHIC PROFILE

Sample No _____

1. Age in years :
 - (a) 20-30
 - (b) 31-40
 - (c) 41-50
 - (d) >50
2. Education :
 - (a) Primary
 - (b) Secondary
 - (c) UG Degree
 - (d) PG Degree
 - (e) Others
3. Occupation :
 - (a) Coolie
 - (b) House wife
4. Income :
 - (a) < Rs 5000/ month
 - (b) > RS 5000/month
5. Duration of drinking problem
 - (a) <1 yr
 - (b) 1-5 Yrs
 - (c) 6-10 Yrs
 - (d) >10Yrs

PART II

NAME :

AGE:

HUSBAND'S NAME:

ADDRESS :

1.PHYSIOLOGICAL PROBLEMS:

S.N	PYHSIOLOGICAL PROBLEMS	Agree	Disagree	None
1	Physical problems:beating/hicking/injuries			
2	Verbal abuse/torture			
3	Sexual abuse/torture			
4	Sleeplessness at night/peacelessness			
5	Loss of appetite/not interested to eat			
6	Affected by any disease			

2.PSYCHOLOGICAL PROBLEMS:

S.N	PSYCHOLOGICAL PROBLEMS	Agree	Disagree	None
1	Worrying about health			
2	Feeling to get divorce from husband			
3	Worrying about the future life of children			
4	Getting furious			
5	Difficulty in taking decision			
6	Irresponsible husband			
7	Inadequate in sexual life			
8	Doubt about behaviour			
9	Lack of interest in activities			
10	Idea of attempting suicide			
11	Hesitation and fear in concentrating any work			
12	Feeling ashamed due to father's activity			
13	Feel that children are insecure			
14	Not getting love and affection from father			
15	Difficulty in expressing thoughts to parents			
16	Children are not having hope about their future			

3. SOCIAL PROBLEMS:

S. N	SOCIAL PROBLEMS	Agree	Disagree	None
1	Avoiding to participate in festivals			
2	Not getting respect from relatives			
3	Reducing dignity due to violence on roads			
4	Inferiority complex when compared others			
5	Children are getting isolated from society			

4.ECONOMICAL PROBLEMS:

S.N	ECONOMICAL PROBLEMS	Agree	Disagree	None
1	Lack of money for daily living activities			
2	Difficult to pay house rent			
3	Financial status is inadequate			
4	Difficulty to pay the fees for children			

5. EDUCATIONAL PROBLEMS :

S.N	EDUCATIONAL PROBLEMS	Agree	Disagree	None
1	Children are not able to study what they aim			
2	Children struggle to hide about his father's activity to teachers and classmates.			
3	Children are back to their studies			
4	Lack of interest in all activities			
5	Attempt to stop your children's education in between			
6	Lack of attention in school			
7	Decline of memory for children			
8	Children feeling bad when other children are talking high about their father			

Date:

Place;

DATA COLLECTION TOOL IN TAMIL

பகுதி -அ

1.வயது வரம்பு (வருடத்தில்)

(அ) 20-30

(ஆ) 31-40

(இ) 41-50

(ஈ)>50

2. கல்வி

(அ) ஆரம்பக் கல்வி

(ஆ) இடை நிலைக் கல்வி

(இ) இளநிலை பட்டதாரி

(ஈ)முதுநிலை பட்டதாரி

(உ) மற்றவர்கள்

3.தொழில்

(அ) கூலி

(ஆ) இல்லத்தரசி

4.வருமானம்

(அ) >Rs.5000

(ஆ) < Rs.5000

5.மது அருந்தும் பழக்கப்பட்ட கால அளவு

(அ) < 1வருடம்

(ஆ) 1-5 வருடம்

(இ) 6-10 வருடம்

(ஈ) >10 வருடம்

பகுதி –(ஆ)

பெயர்:

வயது:

கணவர் பெயர்:

முகவரி:

1. Physiological problems: (உடல் ரீதியான பிரச்சனைகள்/சிக்கல்கள்)

வ. எண்	கணவரின் மதுபழக்கத்தால் குடும்பத்தில் பெண்கள் சந்திக்கும் உடல் ரீதியான பிரச்சனைகள்/சிக்கல்கள்	ஒப்புதல்	மறுத்தல்	பொருந்தாது
1	உடல் ரீதியான கொடுமைகள் அடித்தல் / உதைத்தல் / காயம்படுத்துதல்			
2	ஆபாசமான வார்த்தைகளால் திட்டுதல் / கொடுமை செய்தல்			
3	பாலியல் ரீதியான தொந்தரவுகள் / கொடுமைகள்			
4	இரவில் தூக்கமில்லாமல் அவதிப்படுதல் / நிம்மதியற்ற நிலை			
5	பசியின்மை / சாப்பிட மனமின்றி இருத்தல்			
6	உடல் நோயால் அவதிப்படுதல்			

2. Psychological Problems : (மன ரீதியான பிரச்சனைகள்/சிக்கல்கள்)

வ. எண்	கணவரின் குடிப்பழக்கத்தால் குடும்பத்தில் பெண்கள் சந்திக்கும் மன ரீதியான பிரச்சனைகள்/சிக்கல்கள்	ஒப்புதல்	மறுத்தல்	பொருந்தாது
1	உடல் ஆரோக்கியம் பற்றிய கவலை			
2	கணவரை விட்டு பிரிந்து செல்ல முடிவு செய்தல்			
3	குழந்தைகளின் எதிர்காலம் குறித்து கவலையடைதல்			
4	கோபம் அதிகமாக ஏற்படுதல்			
5	சில சமயங்களில் ஏதேனும் முடிவுகள் எடுக்க முடியாதபடி மனம் குழப்பமடைதல்			
6	குடும்ப பொறுப்பற்ற கணவர்			

7	தாம்பத்தியத்தில் குறைகாணுதல்			
8	நடத்தையில் சந்தேகம்			
9	ஏதேனும் விவகாரங்களில் நாட்டமின்மை			
10	தற்கொலை எண்ணம் ஏற்படுதல்			
11	ஏதேனும் காரியங்களில் துணிந்து ஈடுபட தயக்கம் /பயம்			
12	அப்பாவின் நடவடிக்கையால் குழந்தைகள் வெட்கமடைதல்/அவமானப்படுதல்			
13	குழந்தைகள் தந்தையின் அன்பு /பாசமின்றி வளருதல்			
14	குழந்தைகள் தங்கள் பெற்றோரிடம் மனம்விட்டு பேசமுடியாமல் தவிக்கும் நிலை			
15	குழந்தைகள் தங்களின் எதிர்காலம் குறித்து நம்பிக்கையற்று காணப்படுவது			

3. Social Problems:(சமுதாய பிரச்சனைகள்)

வ. எண்	கணவரின் மதுபழக்கத்தால் குடும்பத்தில் பெண்கள் சந்திக்கும் சமுதாய ரீதியான பிரச்சனைகள்/சிக்கல்கள்	ஒப்புதல்	மறுத்தல்	பொருந்தாது
1	விழாக்கள்/பொதுநிகழ்ச்சிகளில் கலந்து கொள்வதை தவிர்த்தல்			
2	உறவினர்களால் தாழ்வாக / கேவலமாக மதிக்கப்படுதல்			
3	குடித்துவிட்டு ரோட்டில் சன்டையிடுவதால் கவுரவக்குறைவு ஏற்படுதல்			
4	குற்றச்செயல்கள் / வழக்குகள்			
5	மற்ற குடும்பங்களை ஒப்பிட்டு அவர்களைப் போல வாழ்க்கை அமையுமா என ஏக்கமடைதல்			
6	குடிகாரனின் குழந்தைகள் என சமுதாயம் ஒதுக்கிவைக்கும் நிலை			
7	குழந்தைகள் கேள்வி /கிண்டல் ஆகியவற்றிற்கு ஆளாகும்படி தந்தை நடந்து கொள்ளுதல்			

4. Economic Problems : (பொருளாதார பிரச்சனைகள்/சிக்கல்கள்)

வ. எண்	கணவரின் மதுபழக்கத்தால் குடும்பத்தில்பெண்கள் சந்திக்கும் பொருளாதாரபிரச்சனைகள்/சிக்கல்கள்	ஒப்புதல்	மறுத்தல்	பொருந்தாது
1	தினசரி குடும்ப செலவுக்கு பணப்பற்றாக்குறை ஏற்படுதல்			
2	வீட்டுவாடகை கொடுக்க நீங்கள் சிரமப்படுதல்			
3	குடும்ப நடத்த போதிய பணம் கொடுக்காததால் பணப் பற்றாக்குறை ஏற்படுதல்			
4	குழந்தைகளின் கல்வி கட்டணங்களை செலுத்த இயலாமை			

5. Educational Problems : (கல்வி தொடர்பான பிரச்சனைகள்)

வ. எண்	கணவரின் மதுபழக்கத்தால் குடும்பத்தில் பெண்கள் சந்திக்கும் தம் குழந்தைகளின் கல்வி தொடர்பான பிரச்சனைகள்/சிக்கல்கள்	ஒப்புதல்	மறுத்தல்	பொருந்தாது
1	குழந்தைகள் விருப்பம் படிப்பை படிக்கவைக்க இயலாத நிலை			
2	தந்தையின் குடிப்பழக்கத்தை பள்ளியில் சகமாணவர்/ஆசிரியர் அறியாதபடி மறைக்க நினைத்தல்/முயலுதல்			
3	பள்ளியில் அனைத்து வகையிலும் குழந்தைகள் பின்தங்கி இருத்தல்			
4	எதிலும் நாட்டமும்/விருப்பமுமின்றி குழந்தைகள் காணப்படுதல்			
5	குழந்தைகளின் கல்வியை பாதியில் நிறுத்த வேண்டிய நிலைமை			
6	குழந்தைகளுக்கு பள்ளியில் படிப்பில் கவனச்சிதைவு ஏற்படுதல்			
7	குழந்தைகளின் நினைவாற்றல் குறைவுபடுதல்			
8	மற்ற குழந்தைகளின் தந்தை போல தங்களின் தந்தையை பற்றி உயர்வாக பேசஇயலாது மனம் ஏக்கம் அடைதல்			



PHOTOGRAPHS



PHOTO 1; Researcher collecting Physiological problems faced by wives of alcoholic dependents.



PHOTO 2; Researcher collecting Psychological problems faced by wives of alcoholic dependents.



PHOTO 3 ; Researcher collecting social & economical problems faced by wives of alcoholic dependents.



PHOTO 4 ; Researcher collecting Educational problems faced by wives of alcoholic dependents.